MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on *March 24, 2015 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall		X
Pharmacist	Andrew Foster, Pharm. D, R.Ph.	X	
Dentist	Rose Satterfield, DMD	X	
Veterinarian	Christine Frenzel, DVM	X	
Physician (Gen. Pub.)	Cecil Page		X
Engineer (Gen. Pub.)	Jennifer White, RN		X
Registered Nurse	Carla Lipscomb, RN	X	
Optometrist (Gen. Pub.)	Carl Carroll, RS, MBA	X	
General Public	Carol Komondy	X	
General Public	Elin Armeau-Claggett, PA-C, PhD	X	
General Public	Sharon Kupit	X	

Others Present: Frederick Moore, MD – Health Director
Sharon Hendricks – Finance Officer
Jennifer Eastwood, MPH – QI Specialist
Patty Smith-Overman, FNP – Clinic Director

I. Call to Order

A. The regular meeting of the Caswell County Board of Health was called to order at 6:00 P.M. by the Chair

II. Public Comment

A. None

III. Action Items

A. Approval of Minutes

A motion was made by Christine Frenzel and seconded by Sharon Kupit to approve the minutes of the Board of Health for March 3, 2015. The motion was approved on a vote of 7 to 0.

B. Budget Amendment #8

1. This amendment moves funds from one expense line to another to cover expenses. Due to greater than expected Private Insurance revenue and less than expected Medicare revenue, this Budget Amendment increases the amount of budgeted Private Insurance by $3,000 and decreases the amount of Medicare budgeted by $3,000. There is no net change in the total budget.

A motion was made by Carl Carroll and seconded by Christine Frenzel to approve Budget Amendment #8 as presented. The motion was approved on a vote of 7 to 0.

C. Physical Therapist Position

1. Dr. Moore informed the board that despite constant advertising, we had received no applications for the position. Dr. Moore discussed this with the County Manager and he advised Dr. Moore to discuss the matter with the Board of Health and if the Board of Health wanted to raise the salary, the matter would then be taken to the Board of County Commissioners for consideration.
2. There was discussion about whether a 10% pay increase would be enough. Dr. Moore was doubtful if that would be enough. A 20% increase was suggested and Dr. Moore said that he felt that would give us a better chance of attracting applications but it may eventually need to go higher.

A motion was made by Elin Armeau-Claggett and seconded by Rose Satterfield to request that the Board of County Commissioners increase the top end of the salary range for a Home Health Physical Therapist to $90,000. The motion was approved on a vote of 7 to 0.

D. Restroom Access in Public Buildings

1. Dr. Moore said that he had received a response from Jill Moore at the UNC School of Government about the Board of Health approving an ordinance that required all public buildings that have public restrooms to keep them open during regular business hours. The email from Jill Moore is included in the packet.
2. Dr. Moore reviewed the history behind court rulings that require Board of Health ordinances to be directly related to a Public Health purpose that meet specific criteria. He said that if the board wanted to continue to work on this matter, the County Attorney would need to become very involved.
3. Several board members commented that they did not agree with the lack of access to restrooms, but did not feel this was an issue the Board of Health should pursue.

A motion was made by Carl Carol and seconded by Andrew Foster to table further discussion about the "restroom access" issue. The motion was approved on a vote of 7 to 0.

E. FY 2015-16 Health Department Budget

1. Dr. Moore reviewed the budget process so far this year. He said that the Board of Health had requested the following changes to the original draft budget:
   a. Remove the $100,000 scanning contracted
   b. To keep the clerical position
   c. To keep the MOA position
   d. To keep the Home Health field nurse
   e. To keep the Home Health Nursing Director
   f. To keep three vehicles for Environmental Health
   g. To keep the Environmental Health restroom
   h. Not use all of the fund balance (Dr. Moore kept $50,000 in the fund balance)
2. After updating the revenue and expenses by another month, these changes increased the request of County Tax Dollars from $907,030 to $1,020,400; an increase of $113,370. It was noted that about half of this increase was due to using less fund balance and the rest was salary and benefits.
3. Dr. Moore said that he did not think this request would be approved by the Board of County Commissioners. The Chair asked if it made more sense to send a high request to the Board of County Commissioners and have them make cuts or to make budget cuts and then possibly have the Board of County Commissioners ask for additional cuts?
4. Dr. Moore said that a risk of letting the Board of County Commissioners make cuts was that they may make cuts in a way that the Board of Health would not have chosen. Dr. Moore said that he did not think the budget should include "low hanging fruit" that was "ripe" for cutting.
5. There was discussion about which programs were requesting county support and what made up mileage, contracted services and the Primary Care program. There was discussion about the importance of the Primary Care to the overall "health" of the other Health Department programs.
6. Dr. Moore said that he and Sharon Hendricks had come up with two additional budgets;
   a. The first is a close to status quo budget that keeps one truck and the Environmental Health restroom. It also increases the Physical Therapist salary to $90,000 and increased Home Health revenue due to full time Physical Therapy services. It cuts the clerical position, keeps the MOA and cuts the Home Health RN field nurse position. These changes would require $790,000 of County Tax Appropriation.
   b. The other is a budget that cuts everything it can without reducing services. In addition to the cuts above this budget cuts the MOA, removed the remaining truck and the restroom for Environmental Health, removes the Home Health Nursing Director, does not expand the FNP FTE, uses all the estimated fund balance. These changes would require $588,000 or County Tax Appropriation. This is less that what was requested during FY 2014-15 but still significantly

higher than during FY 2013-14.

c. Dr. Moore said that additional cuts would require a cut in services and staff. The most likely target of these cuts would be our Primary Care program but that would probably lead to a decline in other services.

7. Elin Armeau-Claggett said that she did not see how we could budget less than the first alternate budget (6.a.). Rose Satterfield asked if the Board of Health should approach this budget process by resolving that the Health Department should not reduce the services it currently provides? Dr. Moore said that would be a good thing. He reminded the board that Nate Hall had suggested several meetings ago that the board periodically review all the services the Health Department provides to determine which services to continue providing. Dr. Moore said that at present, he could not think of an unnecessary service that was currently being offered. Rose Satterfield suggested that the board make that its resolution.

8. There was discussion about which of the above budgets was the most reasonable in the current circumstances and how to present the budget to the Board of County Commissioners. Dr. Moore reminded the board that the next step after approval was to present the budget to the County Manager who could request changes prior to it being presented to the Board of County Commissioners. Dr. Moore said that he would feel comfortable fighting for the budget with $790,000 of County Tax Appropriation.

A motion was made by Christine Frenzel and seconded by Rose Satterfield to approve the budget described in III.E.6.a. above that requests $790,000 of County Tax Appropriation. The motion was approved on a vote of 7 to 0.

9. Fees

a. Dr. Moore said that each year, a fee schedule for the Health Department needed to accompany the budget proposal. A proposed fee schedule was distributed to the board members.

b. The fees for Home Health, Environmental Health and the Health Department Clinic were reviewed and Dr. Moore said that except for a few small changes the fees were the same as during the current year. He described the following changes:

1) A change in charges for a client requesting a copy of their medical record.
2) The Administrative/Handling fee for labs was increased to $15.
3) We now have an agreement with LabCorp that provides a discount for patients that pay for labs in advance.
4) Home Health fees are based on the data from the annual Medicare Cost Report.

c. Dr. Moore was asked about the TB Skin Test fee that was less than cost. He said that this discount was deliberately provided as a way to encourage testing.

A motion was made by Rose Satterfield and seconded by Christine Frenzel to approve the fees as presented. The motion was approved on a vote of 8 to 0.

F. FY 2014-15 Budget

1. Dr. Moore said that revenue continues to be a problem in the current fiscal year. The unearned funds such as County Tax Appropriation, Fund Balance and State Dollars are being used up while the earned revenue is lagging behind.

2. He said that he hoped that the Medicaid Cost Settlement would arrive before the end of the current fiscal year but a new formula is being used so we have even less idea about when it will arrive and how big it will be. With our shrinking Fund Balance providing less cushion to fall back on, the uncertainties of the Medicaid Cost Settlement are even more concerning.

G. General Discussion

1. The board reiterated their desire that no Health Department services be eliminated in this budget. They did not pass a separate resolution to this effect, but instead felt that their

vote on the proposed budget was in effect a resolution.

2. There was discussion about whether there was grant funding to support the Primary Care Program. Dr. Moore said that he was unaware of any funding source that would pay for routine provision of this type of service.
3. The Chair asked the board if they wanted to delay the annual performance evaluation until the next meeting. By consensus the board wanted to wait.

IV. Adjournment

A. The Chair adjourned the meeting without objection.

Approved By: _____ _____

Health Director Date

_____ _____

Board of Health Date

Health Director's Report – April 28, 2015

I. Board of Health Membership

A. The Board of County Commissioners have a policy that every board member has to reapply to be reappointed to a board. Board of Health terms are typically three years long and they expire on June 30. Several members are up for renewal so if you are interested in being reappointed you will need to send in a new application. Dr. Moore will have copies of the application at the meeting if you are interested.

B. During the March 2014 meeting the Board of Health voted to not have meetings in August and December. This is just a reminder of this schedule change.

II. FY 2014-2015 Budget

A. Budget Status

1. We are now 75% of the way through the fiscal year and we have spent approximately 67% of the expense budget. Earned revenue is at 57% of budget.
2. Also included in the packet is the more detailed report for the Home Health and CAP budgets.

B. Budget Amendment #9

1. This Budget Amendment moves funds from one expense line to another to cover expenses. It also decreases the State EH budget by $1,673 and increases the State STI budget by $167.

C. Physical Therapist Position

1. The Board of County Commissioners approved the request to increase the high end of the Physical Therapist position to $90,000.
2. We are continuing to advertise this position.

D. Board of County Commissioners Presentation

1. The Board of County Commissioners have asked me to give them an update of the Home Health finances at their May 4th meeting.
2. Board of Health members are welcome to attend and give their moral support.

III. FY 2015-2016 Budget

A. The budget the Board of Health approved was presented to the County Manager on 4/1/2015.

B. The following changes have been made to the budget since you approved it. At this point the County Tax Appropriation is at $758,772. The amount listed below is the estimated impact of each item on County Tax Appropriation:

1. EH F&L ($4000). Old EH grant gone ..... (4,000)
2. HH Accreditation fees 10,000
3. Reallocated WIC dollars ($1500 from CS to BF) 0
4. Removed Truck and Restroom with increase in mileage and decrease in M&R ..... (38,000)

C. The Board of County Commissioners were introduced to the county's budget at their 4/20/2015 meeting.

IV. Informational

A. After years of working on it, the Health Department now accepts credit card payments.

B. Environmental Health Statistics

C. Home Health Statistics

D. Clinic Statistics

CASWELL COUNTY BUDGET AMENDMENT # _____
Health Department Amendment # 9

Be it ordained, the FY 2014-2015 Annual Budget Ordinance is hereby amended as follows:

PUBLIC HEALTH - 5110

Expenditure Line		*Account Code*	*Increase / (Decrease)*	*Amended Budget*
Salary	121	100.5110.121.000	$4,060.00	$1,563,491.00
Longevity	127	100.5110.127.000	($34.00)	$24,149.00
SS / FICA	181	100.5110.181.000	($255.00)	$122,734.00
Retirement	182	100.5110.182.000	($42.00)	$112,079.00
Health Insurance	183	100.5110.183.000	($389.00)	$198,334.00
Contracted Services	199	100.5110.199.000	$170.00	$425,588.00
Program Supplies	230	100.5110.230.000	($25.00)	$36,044.00
Pharmaceuticals	238	100.5110.238.000	($436.00)	$48,302.00
Office Supplies	260	100.5110.260.000	$340.00	$11,912.00
Small Tools & Equip.	295	100.5110.295.000	($256.00)	$14,487.00
Mileage	311	100.5110.311.000	($4,417.00)	$99,828.00
Travel Subsistence	312	100.5110.312.000	($32.00)	$4,850.00
Postage	325	100.5110.325.000	$67.00	$5,242.00
Printing	340	100.5110.340.000	($100.00)	$3,013.00
Maint & Repair	352	100.5110.352.000	($2.00)	$6,457.00
Advertising	370	100.5110.370.000	($308.00)	$6,753.00
Laundry	392	100.5110.392.000	$52.00	$842.00
Training	395	100.5110.395.000	$289.00	$12,383.00
Rental of Post Meter	432	100.5110.432.000	($188.00)	$612.00
TOTAL EXPENSE BUDGET:			***($1,506.00)***	***$2,972,818.00***

Revenue Lines	*Account Code*	*Increase / (Decrease)*	*Amended Budget*
State - Public Health	100.3510.360.000	($1,506.00)	$606,251.00
TOTAL REVENUE BUDGET:		***($1,506.00)***	***$2,972,818.00***

Justification:

To move funds from one expense line to another to cover expenses. To decrease State EH budget by $1,673 and increase State STI budget by $167.

That all Ordinances or portions of Ordinances in conflict are hereby repealed.

_____ _____
Approved by Health Director Date

_____ _____
Approved by Board of Health Date

_____ _____
Paula Seamster, Clerk to the Board Date

Approved by the Caswell County Board of Commissioners

CASWELL COUNTY HEALTH DEPARTMENT - FY 2014-2015

		Budget	Actual YTD	Balance	YTD = 75.00%	YTD Est Budg Variance
SALARY & BENEFITS SUB-TOTAL		**2,066,427.00**	**1,432,259.16**	**634,167.84**	**69.31%**	**117,561.09**
Board Expenses	120	0.00	0.00	0.00	0.00%	0.00
Salary	121	1,563,491.00	1,099,257.66	464,233.34	70.31%	73,360.59
Call	122	45,640.00	23,291.39	22,348.61	51.03%	10,938.61
Longevity	127	24,149.00	22,577.40	1,571.60	93.49%	1,571.60
SS / FICA	181	122,734.00	83,811.64	38,922.36	68.29%	8,238.86
Retirement	182	112,079.00	78,380.30	33,698.70	69.93%	5,678.95
Health Insurance	183	198,334.00	124,940.77	73,393.23	63.00%	23,809.73
OPERATIONAL SUB-TOTAL		**906,391.00**	**558,682.77**	**347,708.23**	**61.64%**	**121,110.48**
Contracted Services	199	425,588.00	279,493.73	146,094.27	65.67%	39,697.27
Food & Provisions	220	350.00	200.49	149.51	57.28%	62.01
Program Supplies	230	36,044.00	18,114.69	17,929.31	50.26%	8,918.31
Pharmaceuticals	238	48,302.00	19,197.18	29,104.82	39.74%	17,029.32
HH/CAP Med Supplies	239	192,808.00	120,059.99	72,748.01	62.27%	24,546.01
Office Supplies	260	11,912.00	11,909.13	2.87	99.98%	(2,975.13)
Small Tools & Equip.	295	14,487.00	10,827.38	3,659.62	74.74%	37.87
Mileage	311	99,828.00	53,534.41	46,293.59	53.63%	21,336.59
Travel Subsistence	312	4,850.00	1,798.26	3,051.74	37.08%	1,839.24
Telephone	321	10,685.00	6,899.39	3,785.61	64.57%	1,114.36
Postage	325	5,242.00	3,708.87	1,533.13	70.75%	222.63
Printing	340	3,013.00	2,233.99	779.01	74.15%	25.76
Maint & Repair	352	6,457.00	3,081.00	3,376.00	47.72%	1,761.75
Advertising	370	6,753.00	4,042.91	2,710.09	59.87%	1,021.84
Laundry	392	842.00	492.49	349.51	58.49%	139.01
Training	395	12,383.00	5,752.12	6,630.88	46.45%	3,535.13
Rental of Copier	431	9,000.00	6,897.12	2,102.88	76.63%	(147.12)
Rental of Post Meter	432	612.00	612.00	0.00	100.00%	(153.00)
Ins & Bonding	450	3,608.00	3,607.98	0.02	100.00%	(901.98)
Dues, Subsc. & Pub.	491	13,627.00	6,219.64	7,407.36	45.64%	4,000.61
Capital Outlay	500	0.00	0.00	0.00	0.00%	0.00
EXPENSES TOTAL		**2,972,818.00**	**1,990,941.93**	**981,876.07**	**66.97%**	**238,671.57**
REVENUE TOTAL		**2,972,818.00**	**1,953,973.39**	**1,018,844.61**	**65.73%**	**(275,840.11)**
STATE SUB-TOTAL		**606,251.00**	**329,791.76**	**276,459.24**	**54.40%**	**(124,896.49)**
(101) COUNTY APPROP		664,264.00	598,143.98	66,120.02	90.05%	99,945.98
(102) WCH FUND BAL		156,906.00	134,415.96	22,490.04	85.67%	16,736.46
(102) PPC FUND BAL		29,945.00	24,275.92	5,669.08	81.07%	1,817.17
OTHER SUB-TOTAL		**851,115.00**	**756,835.86**	**94,279.14**	**88.92%**	**118,499.61**
(102) MCD – REGULAR		939,800.00	548,602.07	391,197.93	58.37%	(156,247.93)
(102) MCD – SETTLEMENT		0.00	0.00	0.00	0.00%	0.00
(103) MCR – REGULAR		447,500.00	219,989.30	227,510.70	49.16%	(115,635.70)
(103) MCR – HMO		35,000.00	13,165.63	21,834.37	37.62%	(13,084.37)
(103) PRIVATE INS		28,675.00	38,735.21	-10,060.21	135.08%	17,228.96
(103) DIRECT FEES		64,477.00	46,853.56	17,623.44	72.67%	(1,504.19)
EARNED SUB-TOTAL		**1,515,452.00**	**967,345.77**	**648,106.23**	**57.23%**	**(269,245.23)**
BALANCE		**0.00**	**-36,968.54**			
Actual (Includes Receipt of State Delay)			12,421.77			

		9																		
		75.00%	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	COUNTY ACTUAL	COUNTY BUDGET	COUNTY BALANCE	COUNTY YTD %	COUNTY EOY PROJ	COUNTY EOY BAL	Current $ Variance
COMMUNITY ALTERNATIVES PROGRAM																		
SALARY & BENEFITS SUBTOTAL			**8,347.18**	**7,979.58**	**6,705.08**	**4,945.67**	**4,214.83**	**5,513.10**	**11,283.31**	**6,863.59**	**6,999.53**	62,851.87	97,505.00	34,653.13	64.46%	83,716.77	13,788.23	10,276.88
2	Salary	121	6,431.40	6,197.71	5,358.00	3,815.78	3,221.01	3,996.98	8,661.64	5,375.90	5,482.41	48,740.83	73,700.00	24,959.17	66.13%	64,967.77	8,712.23	6,534.17
4	Longevity	127	0.00	0.00	0.00	0.00	0.00	257.18	0.00	0.00	0.00	257.18	272.00	14.82	94.55%	257.18	14.82	-53.18
5	SS / FICA	181	462.21	447.01	390.47	275.12	232.13	333.48	662.63	374.17	381.48	3,558.70	6,008.00	2,449.30	59.23%	4,744.93	1,263.07	947.30
6	Retirement	182	454.70	438.18	378.81	269.78	227.73	300.77	626.52	380.08	387.36	3,463.93	5,618.00	2,154.07	61.66%	4,618.57	999.43	749.57
7	Health Insurance	183	998.87	896.68	577.80	584.99	533.96	624.69	1,132.52	733.44	748.28	6,831.23	11,907.00	5,075.77	57.37%	9,108.31	2,798.69	2,099.02
OPERATIONAL EXPENSE SUBTOTAL			**2,871.42**	**3,283.82**	**7,912.52**	**3,112.05**	**4,332.87**	**2,022.22**	**1,110.32**	**515.94**	**270.28**	25,431.44	39,525.00	14,093.56	64.34%	33,908.59	5,616.41	4,212.31
10	Contracted Services	199	0.00	4.00	0.00	0.00	0.00	0.00	5.00	38.00	0.00	47.00	1,500.00	1,453.00	3.13%	62.67	1,437.33	1,078.00
14	HH/CAP Med Supplies	239	2,742.00	2,791.29	7,389.67	2,925.62	3,114.37	1,546.09	916.33	198.68	0.00	21,624.05	30,629.00	9,004.95	70.60%	28,832.07	1,796.93	1,347.70
15	Office Supplies	260	0.00	0.00	0.00	0.00	851.64	0.00	0.00	0.00	0.00	851.64	852.00	0.36	99.96%	1,135.52	-283.52	-212.64
16	Small Tools & Equip.	295	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	500.00	0.00%	0.00	500.00	375.00
17	Mileage	311	0.00	347.93	284.15	186.43	119.36	135.52	69.36	159.77	150.79	1,453.31	4,293.00	2,839.69	33.85%	1,937.75	2,355.25	1,766.44
19	Telephone	321	119.42	0.00	238.70	0.00	0.00	119.36	119.63	119.49	119.49	836.09	1,055.00	218.91	79.25%	1,114.79	-59.79	-44.84
20	Postage	325	10.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00	0.00	25.00	100.00	75.00	25.00%	33.33	66.67	50.00
21	Printing	340	0.00	140.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140.60	141.00	0.40	99.72%	187.47	-46.47	-34.85
23	Advertising	370	0.00	0.00	0.00	0.00	247.50	206.25	0.00	0.00	0.00	453.75	455.00	1.25	99.73%	605.00	-150.00	-112.50
TOTAL EXPENSES			11,218.60	11,263.40	14,617.60	8,057.72	8,547.70	7,535.32	12,393.63	7,379.53	7,269.81	88,283.31	137,030.00	48,746.69	64.43%	117,625.35	19,404.65	14,489.19
REVENUE	**TOTAL**		**6,659.40**	**15,822.60**	**17,094.36**	**9,361.98**	**7,243.44**	**24,176.65**	**4,663.02**	**8,635.11**	**6,843.78**	100,500.34	137,030.00	36,529.66	73.34%	132,290.35	-4,739.65	-2,272.16
80	(101) COUNTY APPROP		6,659.40	4,032.68	2,869.49	0.00	7,243.44	0.00	0.00	0.07	0.00	20,805.08	26,030.00	5,224.92	79.93%	26,030.00	0.00	1,282.58
88	(102) MCD – REGULAR		0.00	11,789.92	14,224.87	9,361.98	0.00	24,176.65	4,663.02	8,635.04	6,843.78	79,695.26	111,000.00	31,304.74	71.80%	106,260.35	-4,739.65	-3,554.74
HOME HEALTH																		
SALARY & BENEFITS SUBTOTAL			**54,430.05**	**50,702.11**	**48,851.51**	**64,377.33**	**60,669.35**	**70,712.38**	**69,623.92**	**46,767.00**	**41,069.98**	507,203.63	781,984.00	274,780.37	64.86%	673,983.32	108,000.68	79,284.37
2	Salary	121	42,279.44	39,725.69	37,829.69	50,325.49	47,671.49	49,683.57	55,938.16	36,113.92	34,823.21	394,390.66	591,616.00	197,225.34	66.66%	525,854.21	65,761.79	49,321.34
3	Call	122	1,922.00	1,602.00	1,880.00	1,861.89	1,224.00	1,558.00	1,202.00	1,264.00	1,148.00	13,661.89	27,283.00	13,621.11	50.07%	18,215.85	9,067.15	6,800.36
4	Longevity	127	0.00	0.00	0.00	0.00	0.00	6,864.55	0.00	0.00	0.00	6,864.55	6,865.00	0.45	99.99%	6,864.55	0.45	-1,715.80
5	SS / FICA	181	3,286.92	3,072.80	2,954.09	3,841.61	3,585.57	4,292.48	4,241.98	2,720.94	2,616.47	30,612.86	47,717.00	17,104.14	64.16%	40,817.15	6,899.85	5,174.89
6	Retirement	182	2,969.98	2,650.92	2,633.33	3,420.51	3,210.31	3,769.11	3,738.12	2,628.48	2,482.30	27,503.06	41,323.00	13,819.94	66.56%	36,670.75	4,652.25	3,489.19
7	Health Insurance	183	3,971.71	3,650.70	3,554.40	4,927.83	4,977.98	4,544.67	4,503.66	4,039.66	0.00	34,170.61	67,180.00	33,009.39	50.86%	45,560.81	21,619.19	16,214.39
OPERATIONAL EXPENSE SUBTOTAL			**65,063.45**	**27,192.54**	**31,098.91**	**17,860.73**	**35,717.26**	**18,410.95**	**19,231.06**	**29,998.00**	**21,483.04**	285,765.94	418,107.00	132,341.06	63.56%	354,354.59	63,752.41	47,814.31
10	Contracted Services	199	48,703.80	13,400.12	8,991.54	4,149.17	16,030.58	4,675.46	3,463.37	18,201.96	7,910.42	125,526.42	171,311.00	45,784.58	73.27%	167,368.56	3,942.44	2,956.83
11	Food & Provisions	220	0.00	67.26	0.00	50.00	15.36	0.00	0.00	67.87	0.00	200.49	300.00	99.51	66.83%	267.32	32.68	24.51
14	HH/CAP Med Supplies	239	15,888.80	7,330.89	16,553.90	8,252.40	13,545.73	8,426.36	11,310.64	7,791.85	9,335.37	98,435.94	162,179.00	63,743.06	60.70%	131,247.92	30,931.08	23,198.31
15	Office Supplies	260	0.00	0.00	0.00	0.00	851.64	0.00	0.00	0.00	0.00	851.64	852.00	0.36	99.96%	1,135.52	-283.52	-212.64
16	Small Tools & Equip.	295	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	500.00	0.00%	0.00	500.00	375.00
17	Mileage	311	0.00	5,786.53	5,338.47	4,979.04	5,167.95	4,554.14	3,897.05	3,646.32	3,710.50	37,080.00	72,766.00	35,686.00	50.96%	49,440.00	23,326.00	17,494.50
18	Travel Subsistence	312	0.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	6.00	200.00	194.00	3.00%	8.00	192.00	144.00
19	Telephone	321	125.00	125.00	125.00	100.00	100.00	125.00	125.00	125.00	125.00	1,075.00	1,199.00	124.00	89.66%	1,433.33	-234.33	-175.75
20	Postage	325	100.00	0.00	0.00	0.00	0.00	119.99	0.00	0.00	28.25	248.24	500.00	251.76	49.65%	330.99	169.01	126.76
21	Printing	340	245.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245.85	300.00	54.15	81.95%	327.80	-27.80	-20.85
23	Advertising	370	0.00	143.79	0.00	0.00	0.00	0.00	0.00	165.00	373.50	682.29	1,500.00	817.71	45.49%	909.72	590.28	442.71
25	Training	395	0.00	0.00	0.00	130.12	0.00	0.00	435.00	0.00	0.00	565.12	1,500.00	934.88	37.67%	753.49	746.51	559.88
29	Dues, Subsc. & Pub.	491	0.00	338.95	0.00	0.00	0.00	510.00	0.00	0.00	0.00	848.95	5,000.00	4,151.05	16.98%	1,131.93	3,868.07	2,901.05
TOTAL EXPENSES			119,493.50	77,894.65	79,860.42	82,038.06	96,386.61	89,123.33	88,854.98	76,765.00	62,553.02	772,969.57	1,200,091.00	427,121.43	64.41%	1,028,337.91	171,753.09	127,098.68
REVENUE	**TOTAL**		**97,124.62**	**105,470.18**	**79,901.75**	**109,273.53**	**85,509.06**	**93,752.97**	**80,194.23**	**59,026.89**	**30,442.14**	740,695.37	1,200,091.00	459,395.63	61.72%	904,964.57	-296,626.43	-159,372.88
80	(101) COUNTY APPROP		90,983.24	46,662.01	38,939.68	0.78	27,855.49	4,724.01	34,812.21	6,612.38	0.39	250,590.19	250,591.00	0.81	100.00%	250,591.00	0.00	62,646.94
88	(102) MCD – REGULAR		0.00	33,118.48	20,343.99	45,409.40	25,515.20	41,121.95	20,955.34	26,268.53	21,105.47	233,838.36	450,000.00	216,161.64	51.96%	311,784.48	-138,215.52	-103,661.64
90	(103) MCR – REGULAR		2,743.07	19,937.09	17,095.72	62,300.10	26,262.11	44,547.16	19,071.87	22,076.47	5,955.71	219,989.30	447,000.00	227,010.70	49.21%	293,319.07	-153,680.93	-115,260.70
91	(103) MCR – HMO		2,570.31	3,172.14	2,348.88	0.00	1,128.70	311.99	3,633.61	0.00	0.00	13,165.63	35,000.00	21,834.37	37.62%	17,554.17	-17,445.83	-13,084.37
92	(103) PRIVATE INS		828.00	2,580.46	855.39	1,563.25	4,072.56	2,771.86	1,721.20	4,069.51	3,380.57	21,842.80	16,000.00	-5,842.80	136.52%	29,123.73	13,123.73	9,842.80
93	(103) DIRECT FEES		0.00	0.00	318.09	0.00	675.00	276.00	0.00	0.00	0.00	1,269.09	1,500.00	230.91	84.61%	1,692.12	192.12	144.09

		New Constr Auth & Op Permit (Type I & II)	New Constr Auth & Op Permit (Type III)	New Constr Auth & Op Permit (Type IV)	New Constr Auth & Op Permit (Type V)	Insp of Existing OSWW Treat Sys (Type I & II Addition)	Insp of Existing OSWW Treat Sys (Type I & II Change Out)	Insp of Existing OSWW Treat Sys (5 yr Type IIIb Insp)	Insp of Existing OSWW Treat Sys (3 yr Type IV Insp)	Insp of Existing OSWW Treat Sys (Ann Type V Insp)	Restaurant Plan Review	Tattoo Artist Permit Annual Fee	Temporary Food Stand	Impr Permit / Site Eval (<600 gpd & <4 bedrooms)	Impr Permit / Site Eval for each additional bedroom >3	Impr Permit / Site Eval (>600 & <3000 gpd)	Impr Permit / Site Eval (>3000 gpd)	Bad Check	Exp or Repair of OSWW Treat Sys (<600 gpd)	Exp or Repair of OSWW Treat Sys (>600 & <3000 gpd)	Exp or Repair of OSWW Treat Sys (>3000 gpd)	Swimming Pool Annual Permit
		$150	$200	$400	$800	$50	$100	$100	$100	$200	$200	$150	$75	$150	$75	$250	$400	$25	$50	$200	$800	$100
7 – JUL	#	3				5	3				2			7					1			
	$	450	0	0	0	250	300	0	0	0	400	0	0	1,050	0	0	0	0	50	0	0	0
8 – AUG	#	2				2								8	1				1			
	$	300	0	0	0	100	0	0	0	0	0	0	0	1,200	75	0	0	0	50	0	0	0
9 – SEP	#	1	1			4	5							6	1	1			4			
	$	150	200	0	0	200	500	0	0	0	0	0	0	900	75	250	0	0	200	0	0	0
10 – OCT	#	1	2			4	2						1	5	3				2			
	$	150	400	0	0	200	200	0	0	0	0	0	75	750	225	0	0	0	100	0	0	0
11 – NOV	#	5				2								5	1				1			
	$	750	0	0	0	100	0	0	0	0	0	0	0	750	75	0	0	0	50	0	0	0
12 – DEC	#		1			2	2							3	2				1			
	$	0	200	0	0	100	200	0	0	0	0	0	0	450	150	0	0	0	50	0	0	0
1 – JAN	#	2				5	3							4	1				2			
	$	300	0	0	0	250	300	0	0	0	0	0	0	600	75	0	0	0	100	0	0	0
2 – FEB	#	3				2	3				1			8	1				1			
	$	450	0	0	0	100	300	0	0	0	200	0	0	1,200	75	0	0	0	50	0	0	0
3 – MAR	#	4	2			4	3				1			11	3				3			
	$	600	400	0	0	200	300	0	0	0	200	0	0	1,650	225	0	0	0	150	0	0	0
4 – APR	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 – MAY	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6 – JUN	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	#	**21**	**6**	**0**	**0**	**30**	**21**	**0**	**0**	**0**	**4**	**0**	**1**	**57**	**13**	**1**	**0**	**0**	**16**	**0**	**0**	**0**
	$	**$3,150**	**$1,200**	**$0**	**$0**	**$1,500**	**$2,100**	**$0**	**$0**	**$0**	**$800**	**$0**	**$75**	**$8,550**	**$975**	**$250**	**$0**	**$0**	**$800**	**$0**	**$0**	**$0**

		Swimming Pool Plan Review	Well Camera Evaluation	Well Permit	Well Repair Permit	Bacteria Water Sample	Chemical Water Sample	Nitrate/Nitrite Sample	Pesticides Water Sample	Petroleum Water Sample	Five Test Water Sample Package	$5 Credit For Previous Payment (See comments)	$10 Credit For Previous Payment (See comments)	$25 Credit For Previous Payment (See comments)	$50 Credit For Previous Payment (See comments)	$100 Credit For Previous Payment (See comments)	BACTERIA WATER (TOTAL COILFORM P/A)	TOTAL COILIFORM MPN	FECAL COLIFORM	FECAL COLIFORM/STREPTOCOCCUS	ENTEROCOCCUS, MPN	IRON BACTERIA
		$200	$200	$300	$200	$50	$50	$50	$50	$50	$170	-$5	-$10	-$25	-$50	-$100	$50	$36	$36	$55	$36	$38
7 – JUL	#		1	9	3	1	1			1												
	$	0	200	2,700	600	50	50	0	0	50	0	0	0	0	0	0	0	0	0	0	0	0
8 – AUG	#		1	3	1	1		1			1					2						
	$	0	200	900	200	50	0	50	0	0	170	0	0	0	0	-200	0	0	0	0	0	0
9 – SEP	#			1																		
	$	0	0	300	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 – OCT	#		1	8	2	1																
	$	0	200	2,400	400	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11 – NOV	#			4																		
	$	0	0	1,200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 – DEC	#		1	1	1	2	2															
	$	0	200	300	200	100	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 – JAN	#			4	3	1																
	$	0	0	1,200	600	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2 – FEB	#			4	1												1					
	$	0	0	1,200	200	0	0	0	0	0	0	0	0	0	0	0	50	0	0	0	0	0
3 – MAR	#			8												1	1					
	$	0	0	2,400	0	0	0	0	0	0	0	0	0	0	0	-100	50	0	0	0	0	0
4 – APR	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5 – MAY	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6 – JUN	#																					
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	#	0	4	42	11	6	3	1	0	1	1	0	0	0	0	3	2	0	0	0	0	0
	$	$0	$800	$12,600	$2,200	$300	$150	$50	$0	$50	$170	$0	$0	$0	$0	-$300	$100	$0	$0	$0	$0	$0

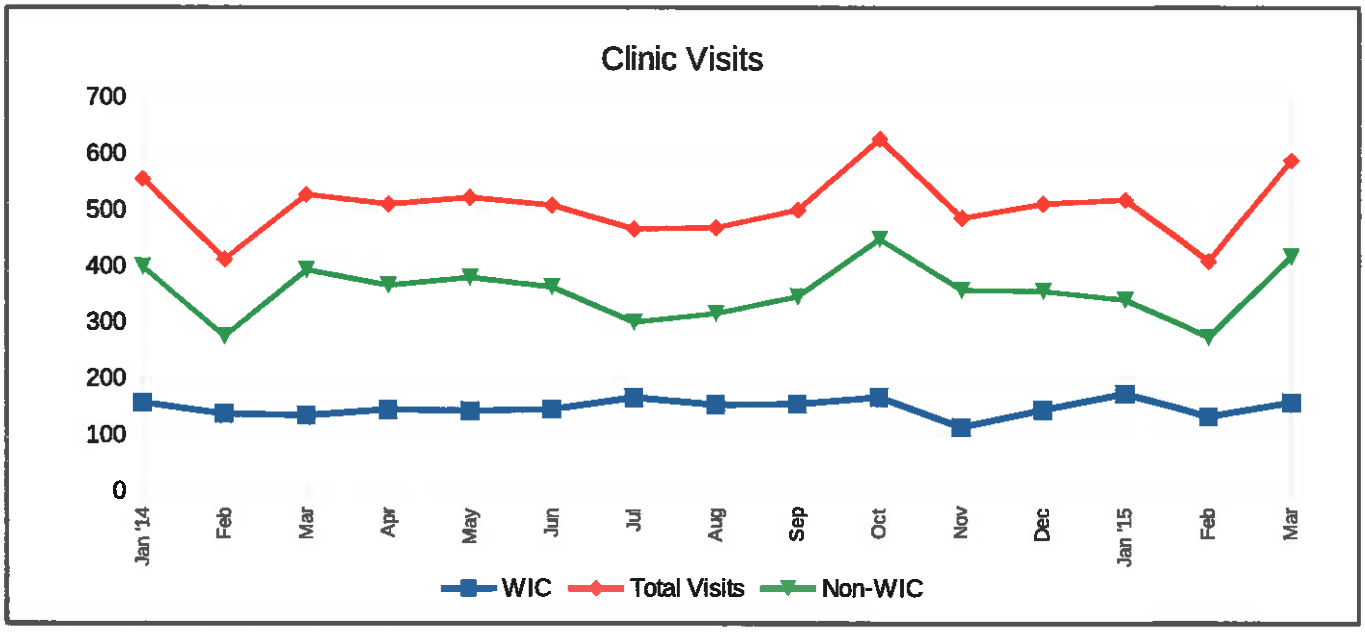
		SULFUR/SULFATE REDUCING	PSEUDOMONAS – MTF OR MPN	HETEROTROPHIC PLATE COUNT	FULL INORGANIC PANEL (CHEMICAL)	METALS PANEL	INDIVIDUAL METALS	ANIONS – FL, CL, SULF	DISINFECTION BY-PRODUCTS	FLOURIDE – PHYSICIAN, DENTIST REQUEST	NITRATE/NITRITE	ARSENIC SPECIATION	PESTICIDES WATER SAMPLE	HERBICIDES WATER SAMPLE	PETROLEUM PRODUCTS	VOLATILE ORGANIC CHEMICALS	WELL WATER FULL PANEL	WATER SAMPLING SITE VISIT FEE	SAMPLE PACK (INCLUDES WELL FULL PANEL +PEST+PETRO)	TOTAL
		$45	$36	$30	$84	$65	$50	$35	$35	$35	$35	$35	$84	$84	$84	$84	$84	$45	$297	
7 – JUL	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$6,150
8 – AUG	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$3,095
9 – SEP	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$2,775
10 – OCT	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$5,150
11 – NOV	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$2,925
12 – DEC	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$2,050
1 – JAN	#														1		4	4		
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	84	0	336	180	0	$4,075
2 – FEB	#																2	2		
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	168	90	0	$4,083
3 – MAR	#																1	1		
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	84	45	0	$6,204
4 – APR	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
5 – MAY	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
6 – JUN	#																			
	$	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
TOTAL	#	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	7	7	0	
	$	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$84	$0	$588	$315	$0	$36,507

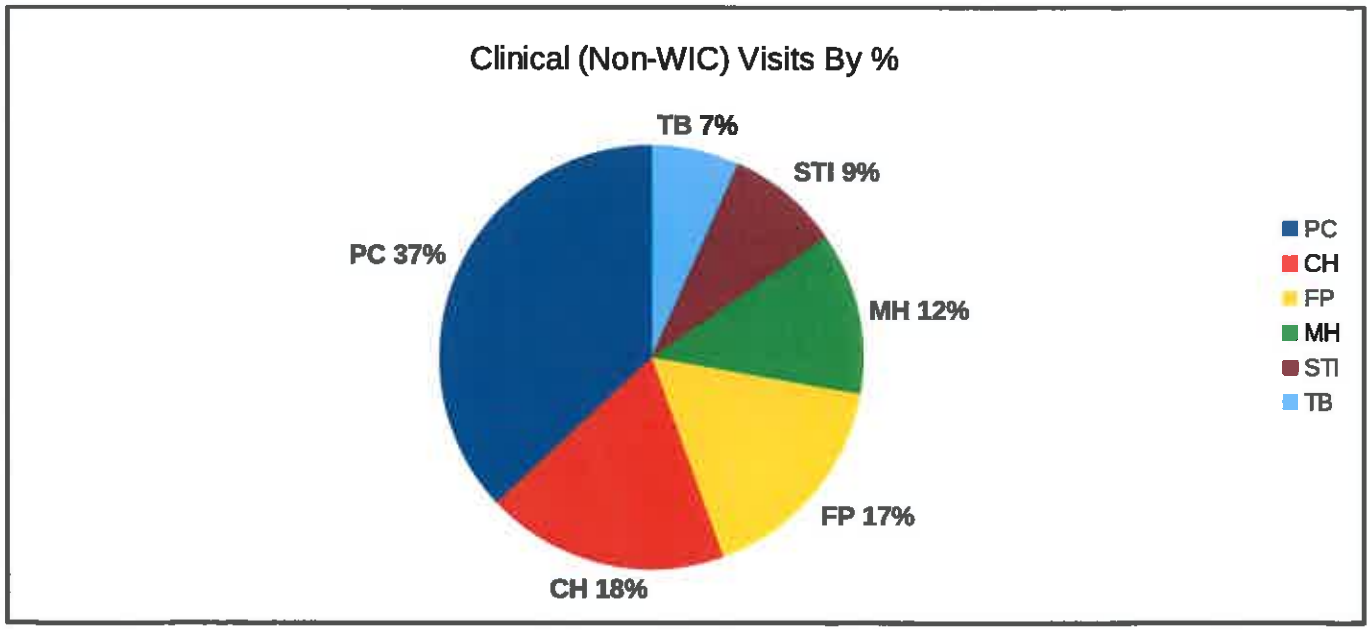
ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
MARCH 2015

ACTIVITY DESCRIPTION	#	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	24	
Inspections	11	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	1	
Consultation Contact	26	
Complaints		
ON SITE WASTE WATER PROGRAM		
Field Visits	71	
Soil/Site Evaluations	16	
Improvement Permits	10	
Construction Authorizations	6	
Operation Permits	5	
Denials		
Failing System Evaluations	2	
IP, CA, & OP Permits-Repairs	2	
Existing System Inspections/Authorizations	28	
OSWW Violations Notices		
Consultation Contacts	62	
Migrant Housing Inspections	8	
Pending Applications-Not Addressed	5	
Complaints	2	
WATER SAMPLES		
Field Visits	13	
Bacteria Samples	12	
Chemical Samples		
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples		
Consultation Contacts	32	
Migrant Housing Inspections	8	
WELL PERMITS		
Well Site Field Visits	18	
Number of Permits (New)	9	
Number of Permits(Repair)	2	
Grout Inspections	5	
Well Head Inspections	5	
Well Abandonment Inspections		
Bore Hole Camera Inspections	10	
Consultation Contacts	31	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
OTHER		
Clerical Time (hours)	33.5	BETS, OSWP MONTHLY
Phone Contacts (Documented)	194	
Digitizing/Scanning (hours)	28	
Continuing Education (Days)		

Caswell County Health Dept Clinic Counts By Program And Month

Area	Jan '14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '15	Feb	Mar	Total	%
PC	154	95	162	152	171	136	122	123	146	211	168	169	166	133	184	4371	25%
CH	81	43	63	42	43	43	46	65	76	96	72	65	45	30	53	2183	12%
FP	60	37	47	61	55	66	45	44	45	55	56	61	58	46	60	1977	11%
MH	51	40	41	48	35	43	47	38	30	19	29	25	23	18	33	1462	8%
STI	26	30	30	26	32	26	24	18	22	42	16	29	26	20	37	1030	6%
TB	11	18	27	24	16	36	13	22	20	24	16	6	22	26	49	788	4%
WIC	156	137	134	144	142	145	165	153	154	166	114	144	172	132	157	5502	31%
Unknown	15	11	22	12	27	12	3	5	6	12	14	11	5	3	14	335	2%
Total Visits	554	411	526	509	521	507	465	468	499	625	485	510	517	408	587	17,648	
Non-WIC	398	274	392	365	379	362	300	315	345	447	357	355	340	273	416	11811	



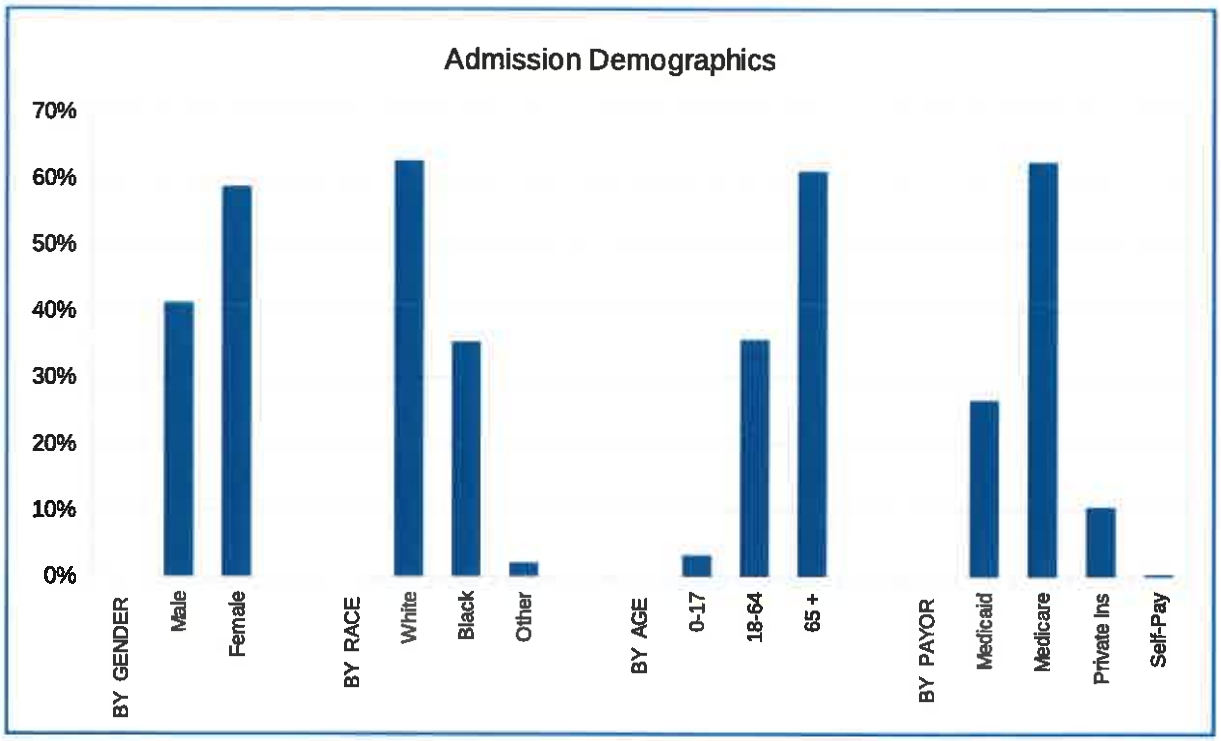


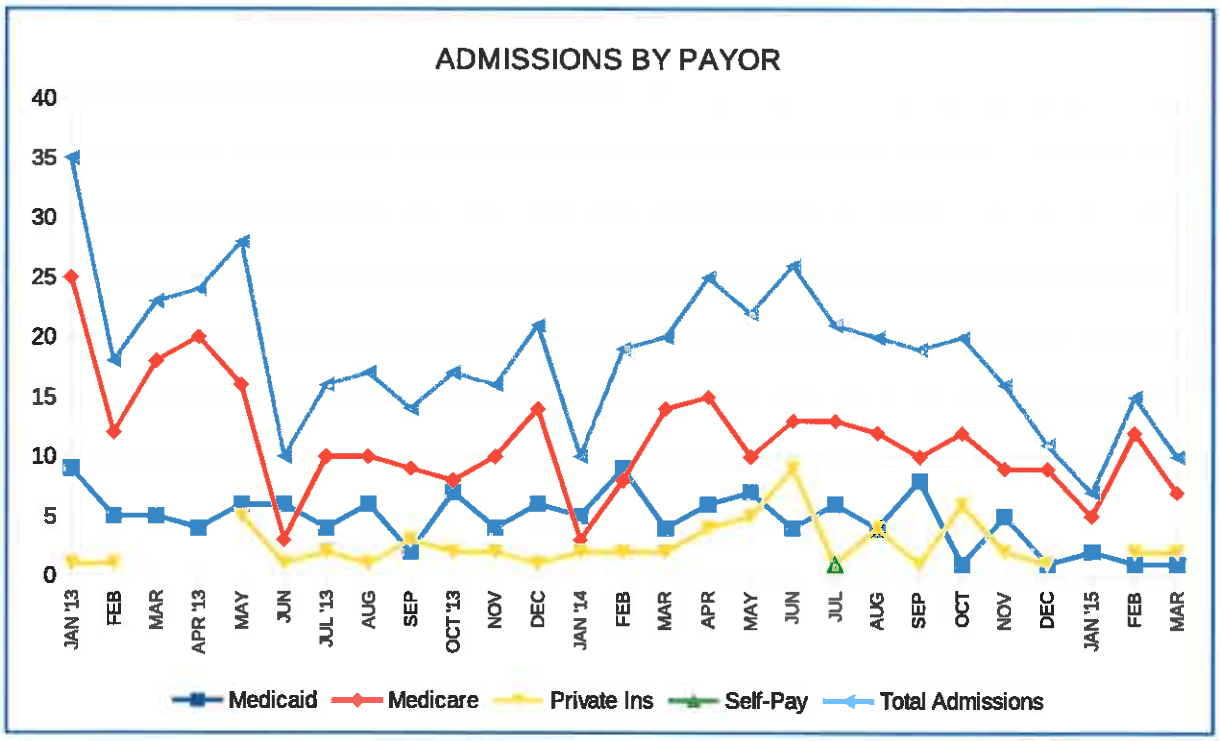
Caswell County Health Department Clinic Counts By Zip Code And Month

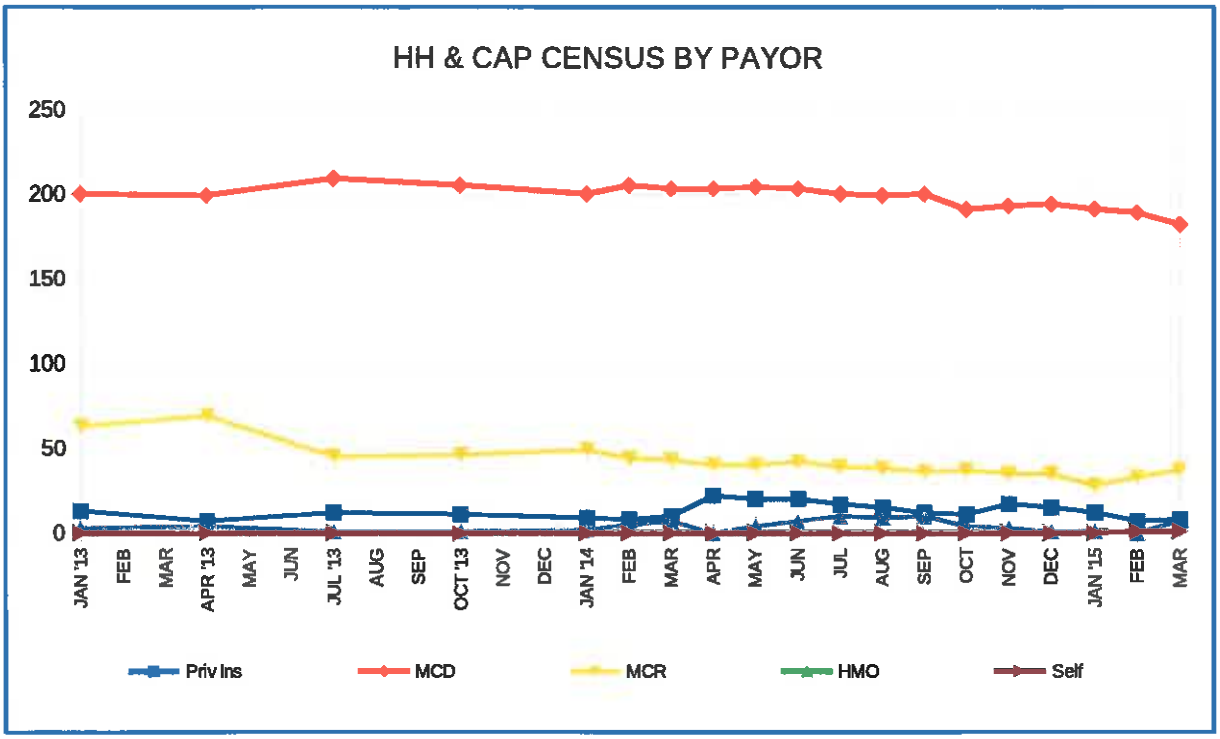
Area	Zip	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '15	Feb	Mar	Total	%
Madison	27025						1							1	0.01%
Alamance	27201													2	0.01%
Ashboro	27203													3	0.02%
Ashboro	27204													1	0.01%
Ashboro	27205													1	0.01%
Blanch	27212	28	22	23	30	25	20	43	28	42	36	22	37	981	5.17%
Bonlee	27213													1	0.01%
Brown Summit	27214				1	3			2	2		1		14	0.07%
Burlington	27215	2	2	1					1	1	2	3	1	51	0.27%
Burlington	27216													3	0.02%
Anderson	27217	20	21	12	15	12	9	19	16	8	20	12	12	688	3.62%
Bynum	27228													1	0.01%
Cedar Falls	27230				1									3	0.02%
Cedar Grove	27231								3		1	1		7	0.04%
Denton	27239													2	0.01%
Eagle Springs	27242													4	0.02%
Elon	27244	13	10	15	17	6	5	16	10	3	15	6	13	477	2.51%
Ether	27247													1	0.01%
Gibsonville	27249	15	16	9	11	13	12	13	9	7	16	8	17	477	2.51%
Graham	27253	2	2	1		1	2		1		1	2		26	0.14%
Haw River	27258	1			1	1								4	0.02%
Hillsborough	27278													1	0.01%
Eden	27288									1				6	0.03%
Leasburg	27291	20	12	8	11	15	16	14	12	7	7	10	11	610	3.21%
Lexington	27292	1												1	0.01%
Lexington	27294											1		1	0.01%
Linwood, NC	27299													2	0.01%
McLeansville	27301													5	0.03%
Mebane	27302	15	11	11	9	11	16	11	8	10	9	8	10	381	2.01%
Milton	27305	35	43	37	37	32	34	39	37	37	38	38	49	1434	7.55%
Mt. Gilead	27306										1			2	0.01%
Oak Ridge	27310													1	0.01%
Pelham	27311	67	86	83	56	93	81	78	101	94	92	72	100	2881	15.17%
Pittsboro	27312	1												6	0.03%
Prospect Hill	27314	4	4	5	3	7	6	7	1	3	3	5	7	219	1.15%
Providence	27315	31	46	36	34	35	43	38	31	36	32	30	41	1404	7.39%
Randleman	27317					1							1	5	0.03%
Reidsville	27320	27	31	26	29	34	39	31	17	31	33	19	30	1102	5.80%
Reidsville	27323					1					1			2	0.01%
Robbins	27325													1	0.01%
Ruffin	27326	22	22	16	15	18	18	25	16	30	17	14	20	798	4.20%
Sanford	27330			1										1	0.01%
Sedalia	27342													3	0.02%
Semora	27343	3	6	10	7	12	11	12	8	9	3	6	11	293	1.54%
Snow Camp	27349								1					6	0.03%
Summerfield	27358													1	0.01%
Thomasville	27360	1												1	0.01%
Trinity	27370		1									1		2	0.01%
Troy	27371				1									1	0.01%
Wallburg	27373									1		1		2	0.01%
Welcome	27374		2											5	0.03%
Wentworth	27375											1	1	4	0.02%
Seven Lakes	27376										1			1	0.01%

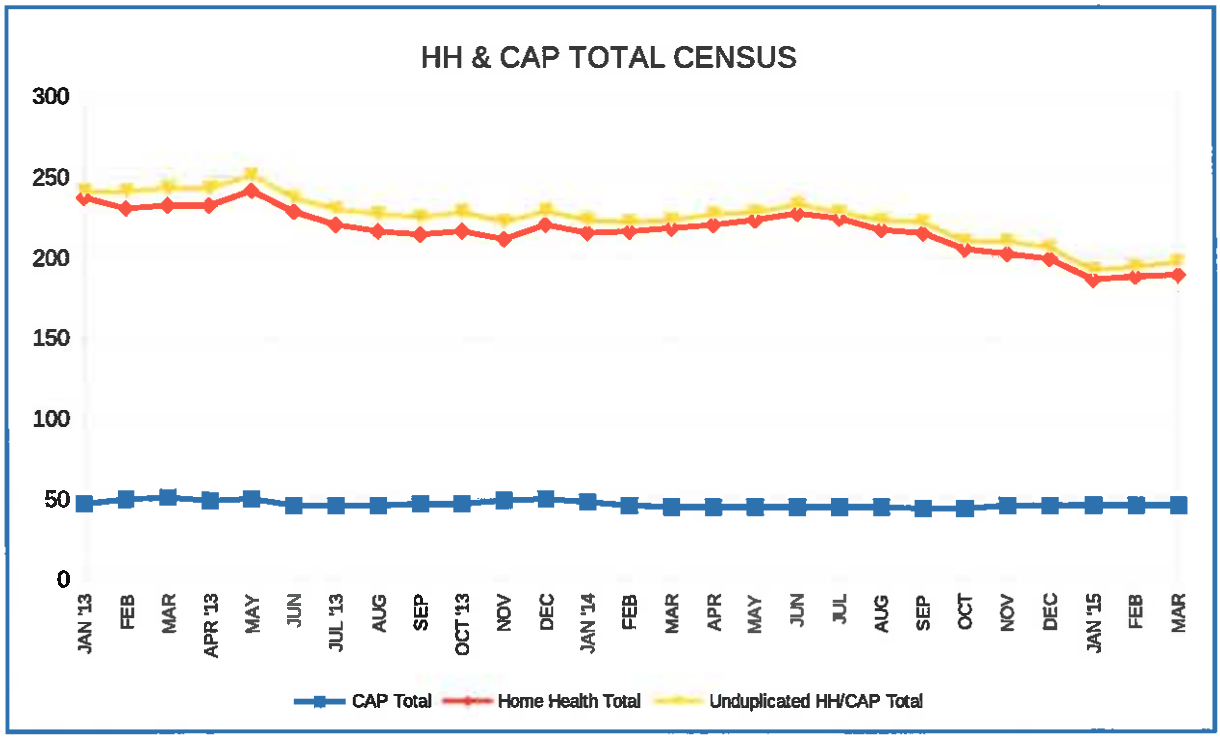
Area	Zip	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '15	Feb	Mar	Total	%
Whitsett	27377				1			4						7	0.04%
Yanceyville	27379	194	166	181	168	140	178	254	181	176	167	126	209	6546	34.47%
Greensboro	27401													1	0.01%
Greensboro	27403													11	0.06%
Greensboro	27405					1			1					7	0.04%
Greensboro	27406	1		1	1			1			1			8	0.04%
Greensboro	27407													11	0.06%
Greensboro	27410					1						1		3	0.02%
Greensboro	27455	1			1									7	0.04%
Chapel Hill	27514							1						3	0.02%
Chapel Hill	27516													1	0.01%
Hurdle Mills	27541				1						1	1	1	5	0.03%
Rougemont	27572													1	0.01%
Roxboro	27573			1		1		1	1					21	0.11%
Roxboro	27574	2	2		1	2	1	2		1	2		1	26	0.14%
Smithfield	27577				1									1	0.01%
Timberlake	27583									1				1	0.01%
Wake Forest	27588							1						1	0.01%
Raleigh	27613													0	0.00%
Raleigh	27616	2												3	0.02%
Raleigh	27620													3	0.02%
Durham	27703											1	1	2	0.01%
Durham	27707						1				1		1	3	0.02%
Durham	27711													1	0.01%
Durham	27712													3	0.02%
Camden	27921													1	0.01%
Shawboro	27973									1				1	0.01%
Shelby	28152													1	0.01%
Out Of State	*****	2	9	6	7	3	4	8	5	5	11	7	5	260	1.37%
Unknown			7	23	7	1		8	4	6	6	11	7	119	0.63%
Total		510	521	506	466	469	497	626	494	512	517	408	586	18,988	100.00%

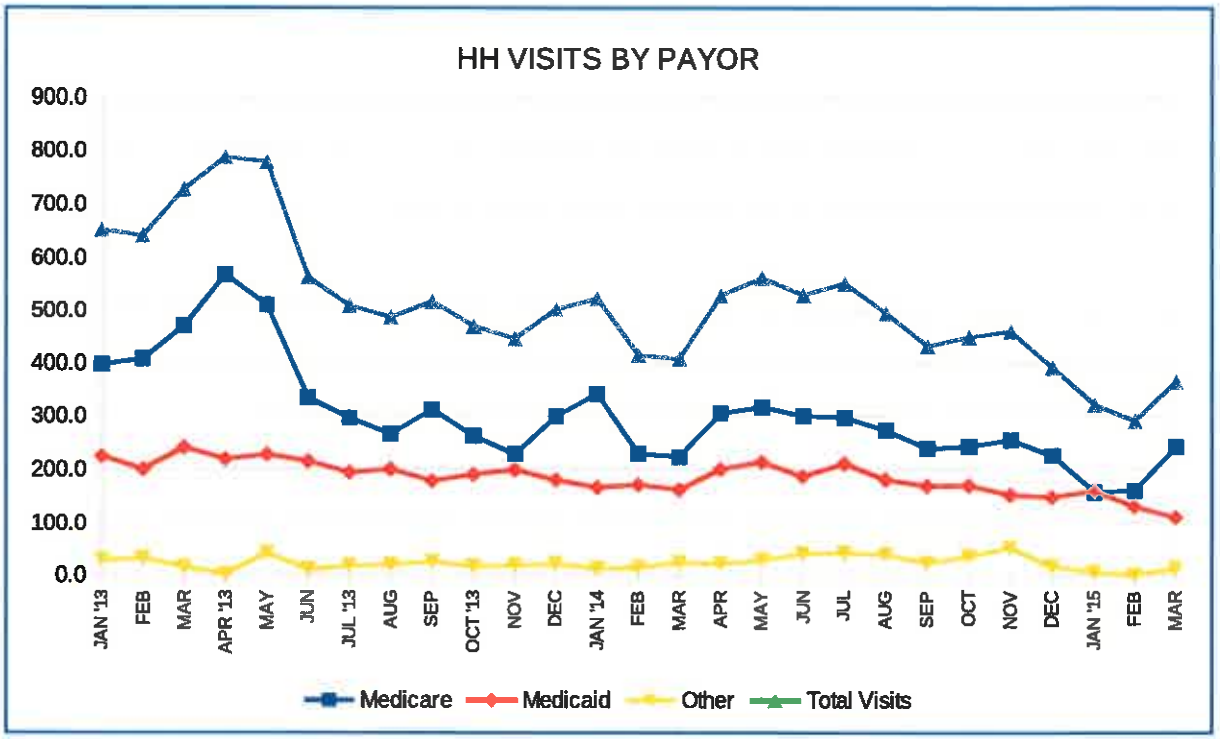
94% Of Visits Come From The 12 Caswell County Zip Codes That Are Highlighted Above

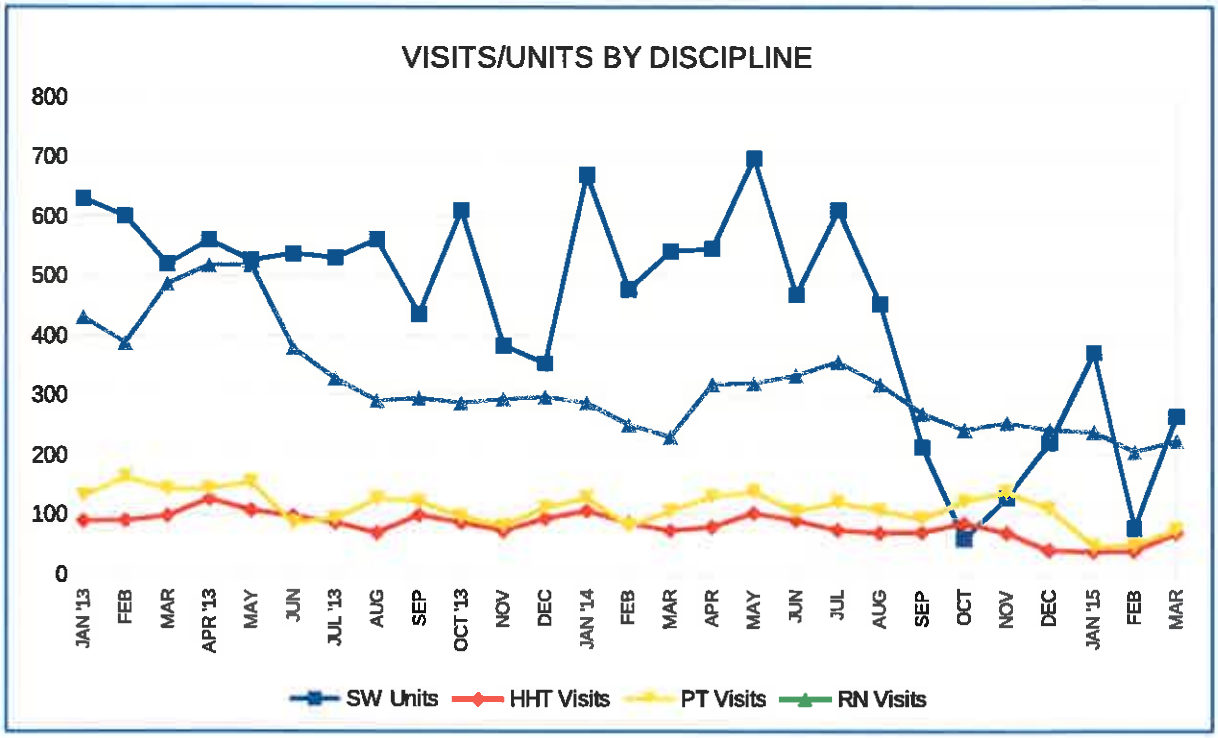

Admission Demographics
70%
60%
50%
40%
30%
20%
10%
0%
BY GENDER
Male
Female
BY RACE
White
Black
Other
BY AGE
0-17
18-64
65 +
BY PAYOR
Medicaid
Medicare
Private Ins
Self-Pay

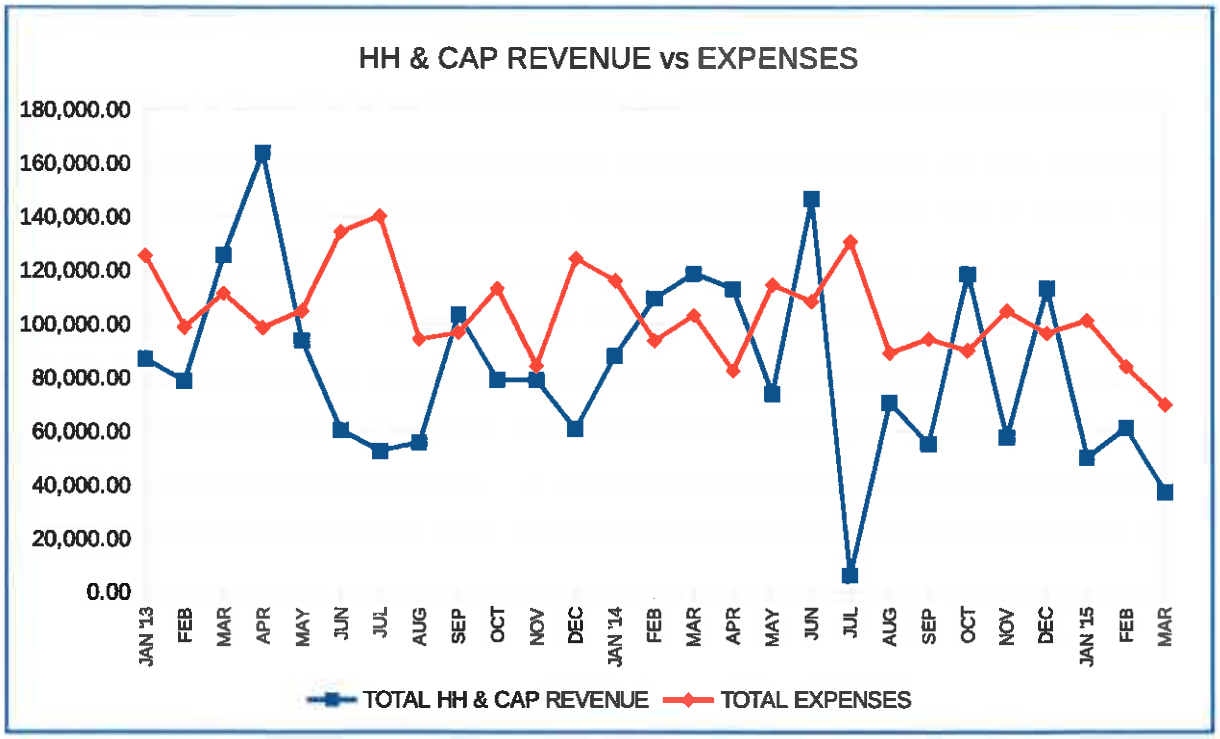

ADMISSIONS BY PAYOR
40
35
30
25
20
15
10
5
0
JAN '13
FEB
MAR
APR '13
MAY
JUN
JUL '13
AUG
SEP
OCT '13
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Medicaid
Medicare
Private Ins
Self-Pay
Total Admissions

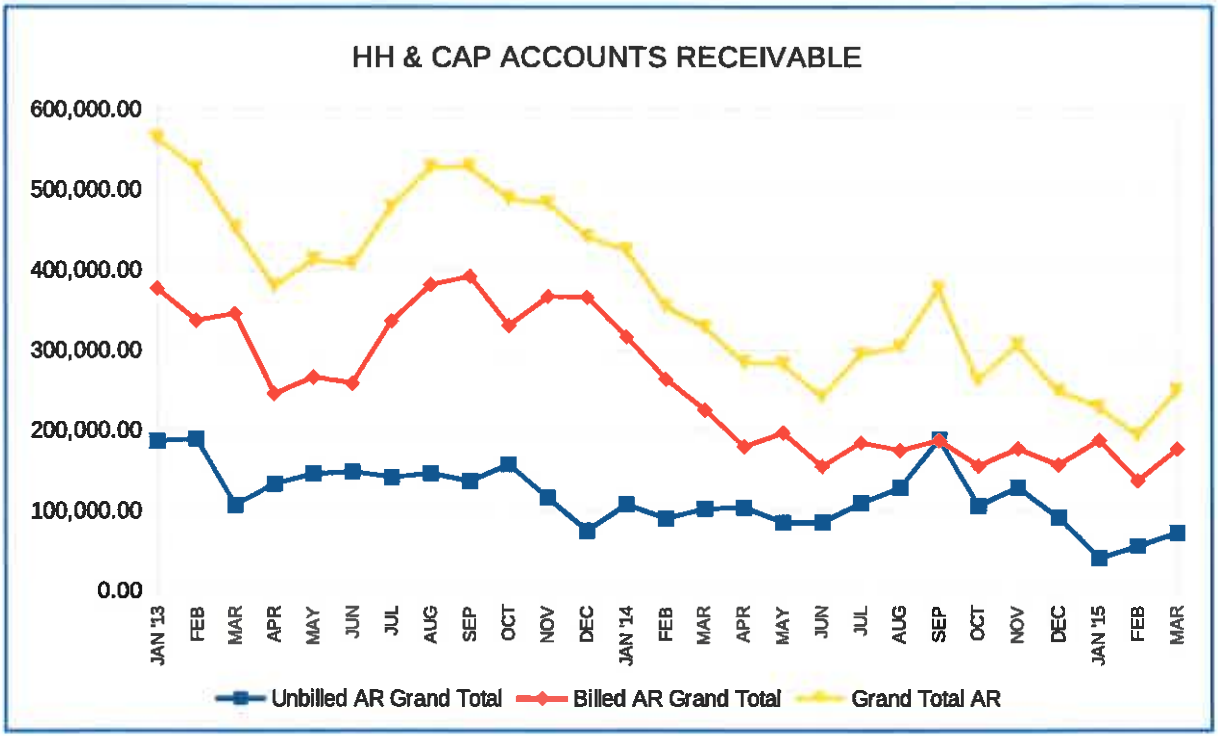

HH & CAP CENSUS BY PAYOR
250
200
150
100
50
0
JAN '13
FEB
MAR
APR '13
MAY
JUN
JUL '13
AUG
SEP
OCT '13
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Priv Ins
MCD
MCR
HMO
Self

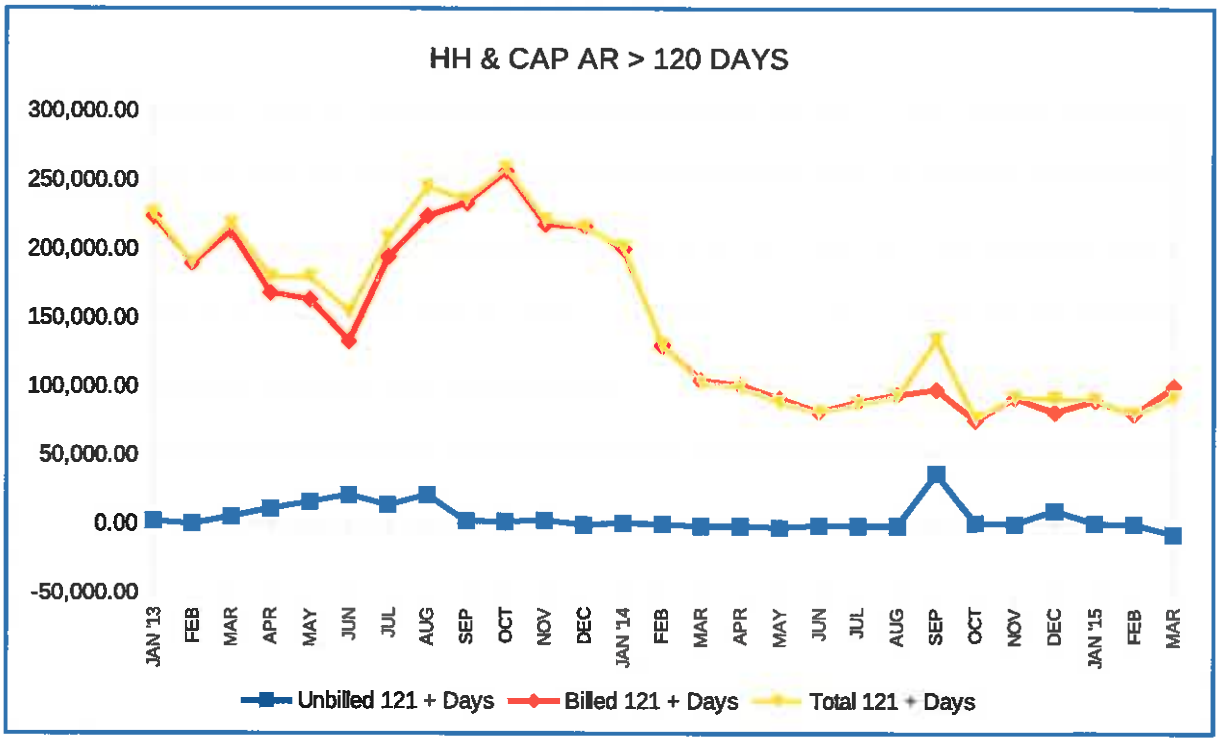

HH & CAP TOTAL CENSUS
300
250
200
150
100
50
0
JAN '13
FEB
MAR
APR '13
MAY
JUN
JUL '13
AUG
SEP
OCT '13
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
CAP Total
Home Health Total
Unduplicated HH/CAP Total

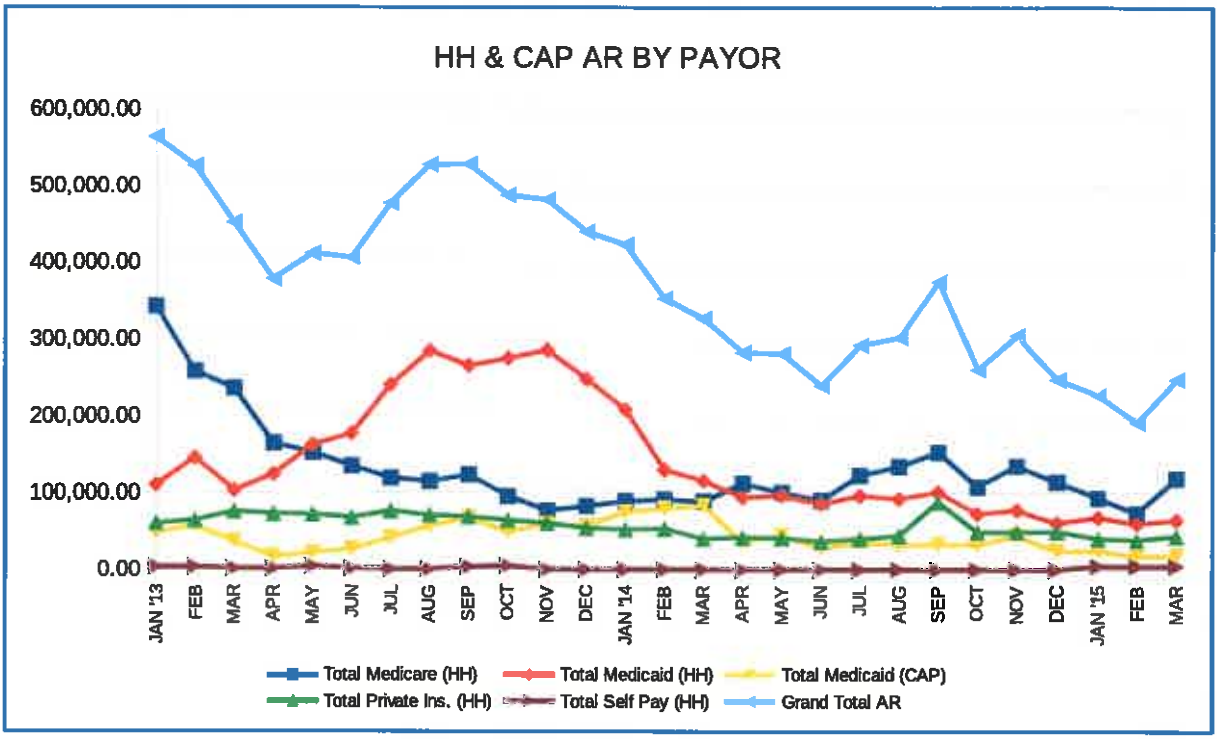

HH VISITS BY PAYOR
900.0
800.0
700.0
600.0
500.0
400.0
300.0
200.0
100.0
0.0
JAN '13
FEB
MAR
APR '13
MAY
JUN
JUL '13
AUG
SEP
OCT '13
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Medicare
Medicaid
Other
Total Visits


VISITS/UNITS BY DISCIPLINE
800
700
600
500
400
300
200
100
0
JAN '13
FEB
MAR
APR '13
MAY
JUN
JUL '13
AUG
SEP
OCT '13
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
SW Units
HHT Visits
PT Visits
RN Visits


HH & CAP REVENUE vs EXPENSES
180,000.00
160,000.00
140,000.00
120,000.00
100,000.00
80,000.00
60,000.00
40,000.00
20,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
TOTAL HH & CAP REVENUE
TOTAL EXPENSES


HH & CAP ACCOUNTS RECEIVABLE
600,000.00
500,000.00
400,000.00
300,000.00
200,000.00
100,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Unbilled AR Grand Total
Billed AR Grand Total
Grand Total AR


HH & CAP AR > 120 DAYS
300,000.00
250,000.00
200,000.00
150,000.00
100,000.00
50,000.00
0.00
-50,000.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Unbilled 121 + Days
Billed 121 + Days
Total 121 + Days


HH & CAP AR BY PAYOR
600,000.00
500,000.00
400,000.00
300,000.00
200,000.00
100,000.00
0.00
JAN '13
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '14
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN '15
FEB
MAR
Total Medicare (HH)
Total Medicaid (HH)
Total Medicaid (CAP)
Total Private Ins. (HH)
Total Self Pay (HH)
Grand Total AR

NC Child

NCIOM
North Carolina Institute of Medicine
shaping policy for a healthier state

North Carolina

2014

2014

Child Health Report Card

WITH FINANCIAL SUPPORT FROM:

BlueCross BlueShield of North Carolina Foundation

An independent licensee of the Blue Cross and Blue Shield Association

Annie E. Casey Foundation

kids count

Access to Care and Preventive Health

North Carolina's future growth and prosperity depends on our ability to foster the health and well-being of our children. Health during childhood impacts not only children's daily life, but also their future health, educational outcomes, employment, and economic status. Having access to affordable health care is critical to ensuring the health and well-being of children and families in North Carolina.

North Carolina has reason to celebrate as more children today have access to health insurance, providing them the opportunity to receive needed medical care. In 2013, the percentage of uninsured children in North Carolina declined to 6.2%. One of the most effective strategies to cover children is to have affordable health insurance options available to their parents. North Carolina policymakers should consider the effect of changes to the Medicaid program and the private insurance market on both children and parents.

Although having health care coverage is necessary for gaining access to affordable health care services, having health insurance does not guarantee that a child will receive preventive primary care services. Preventive care is critical to ensuring children's health needs are met. Well-child visits provide opportunities for immunizations, developmental and health screenings, early detection of emerging concerns, and a chance to offer parents health education and advice for their children. Preventive dental care visits allow for professional cleanings, treatment of tooth decay, and the application of sealants or other necessary care. Although preventive visits are covered under private and public insurance, data from Medicaid and Health Choice show that many children do not receive the recommended levels of preventive care. North Carolina measures well compared to other states for rates of preventive medical and dental visits, but there is still room for substantial progress. As more children in North Carolina have access to affordable care, it is critical to continue efforts to ensure that families utilize their preventive care benefits.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	Insurance Coverage	**2013**	**2009**		
B	Percent of all children (ages 0-17) uninsured*	6.2%	8.1%	-23.5%	Better
	Percent of children below 200% of poverty uninsured*	8.2%	11.7%	-29.9%	Better
	Number of children covered by public health insurance (Medicaid or Health Choice) (in December)	1,172,855	1,020,317	15.0%	Better
	Percent of Medicaid-enrolled children receiving periodic well-child screening assessments*	**2012** 57.1%	**2009** –	–	–
	School Health	**2012-2013**	**2008-2009**		
D	School nurse ratio	1:1,177	1:1,207	–	–
	Breastfeeding	**2011**	**2006**		
B	Percent of infants ever breastfed	77.2	*	*	*
	Percent of infants breastfed at least six months	48.3	*	*	*
	Immunization Rates	**2013**	**2009**		
C	Percent of children with appropriate immunizations:				
	Ages 19-35 months†	76.6%	–	–	–
	At school entry*	97.2%	96.5%	0.7%	No Change
	Environmental Health				
A	Asthma:	**2012**	**2008**		
	Percent of children ever diagnosed	17.5%	–	–	–
		2013	**2009**		
	Hospital discharges per 100,000 children (ages 0-14)	148.9	171.7	-13.3%	Better
	Dental Health	**2013**	**2009**		
A	Percent of children:*				
	With untreated tooth decay (kindergarten)	13.0%	17.0%	-23.5%	Better
	With one or more sealants (grade 5)	45.0%	44.0%	2.3%	No Change
		2012	**2008**		
	Receiving fluoridated water	87.5%	85.6%	2.2%	No Change
	Percent of Medicaid children enrolled for at least 6 months who use dental services:	**2013**	**2009**		
	Ages 1-5	67.0%	55.0%	21.8%	Better
	Ages 6-14	71.0%	62.0%	14.5%	Better
	Ages 15-20	52.0%	48.0%	8.3%	Better

Health Risk Behaviors

Children's health and well-being are impacted by their family's income, educational achievement, race, ethnicity, and other environmental factors. Children living in families with low incomes are restricted in their opportunities for health through reduced access to healthy and safe living conditions, healthy food, exercise, and good schools. Growing up in a family living in poverty or near poverty negatively impacts a child's health throughout his or her life. Education and health outcomes are also tightly intertwined; success in school and the number of years of schooling impact health across the lifespan. Policies to reduce poverty and improve educational outcomes also positively impact child health.

During adolescence, new health behaviors emerge and many health habits that affect life outcomes are established. Unfortunately, data show that many North Carolina youth engage in behaviors that compromise their health. North Carolina had made tremendous gains in reducing cigarette use among youth over the past twenty-five years, however, emerging tobacco products, including e-cigarettes, hookahs, and flavored cigars, are quickly erasing those gains. More than one in five high school students reported current use of an emerging tobacco product in 2013. Use of other illegal substances also remains quite high. North Carolina's past success in implementing a multifaceted, evidence-based approach to reduce youth smoking, including implementing educational, clinical, regulatory, economic and social strategies, provides examples of policies that could be implemented to reduce youth substance use in other areas.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	High School Graduation	**2012-2013**	**2008-2009**		
B	Percent of high school students graduating on time with their peers*	82.5%	71.8%	14.9%	Better
	Child Poverty	**2013**	**2009**		
D	The percent of children in poverty				
	Under age 5	28.0%	26.7%	4.9%	No Change
	Under age 18	25.2%	22.5%	12.0%	Worse
	Teen Pregnancy	**2013**	**2009**		
B	Number of pregnancies per 1,000 girls (ages 15-17):	16.6	30.1	-44.9%	Better
	Weight and Physical Activity	**2012**	**2008**		
D	Percent of Children:				
	Meeting the recommended guidelines of 60 minutes or more of exercise 6 or 7 days a week				
	Ages 2-9	36.7%	*	*	*
	Ages 10-17	26.7%	*	*	*
	Meeting the recommended guidelines of less than two hours of screen time every day[2]				
	Ages 2-9	43.2%	*	*	*
	Ages 10-17	13.8%	*	*	*
	Ages 10-17 who are overweight or obese[3]	36.3%	*	*	*
	Tobacco Use	**2013**	**2009**		
D	Percent of students (grades 9-12) who used the following in the past 30 days:				
	Cigarettes	13.5%	16.7%	-19.2%	Better
	Smokeless tobacco	8.3%	8.5%	-2.4%	No Change
	Emerging Tobacco Product[4]	22.4%	–		
	Mental Health, Alcohol and Substance Abuse	**2013**	**2011**		
D	Percent of Middle School students who have ever tried to kill themselves	10.5%	9.5%	10.5%	Worse
	Percent of High School students who required medical treatment during the past 12 months due to a suicide attempt by injury, poisoning, or overdose	5.3%	5.0%	6.0%	Worse
	Percent of students (grades 9-12) who used the following:	**2013**	**2009**		
	Marijuana (past 30 days)	23.2%	19.8%	17.2%	Worse
	Alcohol (including beer) (past 30 days)	32.2%	35.0%	-8.0%	Better
	Cocaine (lifetime)	4.9%	5.5%	-10.9%	Better
	Prescription drugs without a doctor's prescription (lifetime)	17.2%	20.5%	-16.1%	Better

Death and Injury

Children thrive when they are healthy and supported by safe, stable, and nurturing relationships and environments. Child maltreatment is a significant public health problem that negatively impacts North Carolina's future. Child maltreatment impacts health across an individual's lifespan and is associated with a broad range of health problems including substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, suicide, diabetes, heart disease, sexually transmitted diseases, smoking and obesity. Significant adversity during childhood, such as child maltreatment, can cause toxic stress which can disrupt a child's brain development. In the absence of protective factors, such as nurturing relationships with caregivers, these disruptions produce changes in the brain that can lead to difficulty learning and lifelong impairments in both physical and mental health. Child maltreatment is a problem that can be prevented, if communities take steps to promote positive development of children and families and prevent family violence. Research has shown that safe, stable, nurturing relationships and environments are fundamental to healthy child development, reduce the occurrence of child maltreatment, and can help protect children against the negative effects of child maltreatment and other adversity.

While North Carolina has taken many steps to prevent maltreatment and promote healthy families, more could be done to promote children's positive development. Children spend the vast majority of their time at home, in early care and education settings, and in school. North Carolina's child care star rating system has helped to increase the quality and safety of early care and education environments. Incorporating measures of learning environments that support children's social and emotional development, language skills, and health could further raise the quality of child care settings. Schools, like early care and education settings, should be free of violence. The implementation of Positive Behavior Intervention and Support, an evidence-based program which all schools in North Carolina use, to support student performance and reduce behavior problems can help ensure safer schools. Eliminating corporal punishment in schools is another step towards ensuring North Carolina schools provide safe and supportive learning environments. North Carolina should continue to take steps to ensure that all children are able to grow up with the safe, stable, and nurturing relationships and environments they need to thrive.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	Birth Outcomes	**2013**	**2009**		
B	Number of infant deaths per 1,000 live births	7.0	7.9	-11.4%	Better
	Percent of infants born weighing less than 5 lbs., 8 ozs (2,500 grams)	8.8	9.1	-3.3%	No Change
	Percent of preterm births (before 37 weeks of pregnancy)	11.4	13.2	-13.6%	Better
	Maternal Risk Factors	**2013**	**2009**		
C	Percent of babies born to women who smoke	10.7	*	*	*
	Percentage of births to mothers receiving late or no prenatal care	6.6	*	*	*
	Child Fatality	**2013**	**2009**		
B	Number of deaths (ages 0-17) per 100,000	56.5	65.4	-13.6%	Better
	Number of deaths:				
	Motor Vehicle-related	87	114	–	–
	Drowning	23	28	–	–
	Fire/Burn	8	8	–	–
	Bicycle	0	1	–	–
	Suicide	34	35	–	–
	Homicide	41	36	–	–
	Firearm	42	46	–	–
	Poisoning (ages 10-17)	7	15	–	–
	All Other Injury Deaths	49	33		
	Child Abuse and Neglect	**2013**	**2009**		
C	Number of children:[+]				
	Children investigated for child abuse or neglect	129,842	126,187	–	–
	Substantiated as victims of abuse or neglect[5]	10,255	11,301	–	–
	Recommended services[5]	20,052	23,479	–	–
	Confirmed child deaths due to abuse	19	16	–	–

Twenty years ago, NC Child and the North Carolina Institute of Medicine partnered to produce and disseminate the first North Carolina Child Health Report Card. The goal was to compile the latest data on leading indicators of child health and safety into an easy-to-understand document that highlights trends, enhances discussions about child well-being in North Carolina, and informs public policy decisions about investment to support a North Carolina in which every child can live a healthy, productive life.

By many measures, North Carolina's 2.2 million children are safer and healthier than they were a generation ago. A child born today is half as likely to die before his or her first birthday as a child born in the 1990s. Health insurance coverage has reached a historic high, providing more children access to the care they need to achieve and maintain good health. Teens are less likely to engage in behaviors that endanger their lives and their future health: after peaking in 1990, teen pregnancy rates have fallen to just one-third of previous levels; 86 percent of high school students report they do not smoke; and the percentage of students graduating on time from high school continues to climb.

"What gets measured gets done, what gets measured and fed back gets done well, what gets rewarded gets repeated." —John E. Jones

---

This long-term progress in child well-being is not accidental, it is the direct result of intentional commitments by policymakers, advocates, practitioners, and local communities to strengthen critical services and implement policies that bolster child well-being. The data are clear: public policy decisions can profoundly affect children's chances of growing up healthy, safe, and educated. Enhanced safety measures like seatbelts and helmet regulations, expanded access to health insurance through NC Health Choice, and targeted prenatal care for women at risk of poor birth outcomes offer concrete evidence of the significant returns on investment generated for children and our state by data-informed public policy solutions.

Even as we celebrate the hard-earned improvements of the past two decades, we acknowledge this year's report contains disturbing trends that foreshadow future threats to children's development and their ability to lead healthy, productive lives. The percent of children living in poverty, a bellwether for current and future health, remains above the U.S. average at one in every four children (25 percent). More than one-third of adolescents and teens report being overweight or obese (36 percent), and sobering gaps in health outcomes by race and ethnicity persist across indicators.

At the time of the first report card, research linking the complex influence of social and demographic factors (income, education, and environments) with child health was still emerging. Today, a substantial body of evidence shows the communities and homes where children live, learn, and grow have a profound effect on lifelong health. Children thrive in safe, stable, and nurturing relationships and environments. Children born into poverty are more likely to experience developmental and other health problems, to accumulate health risks as they age, and to live in poverty as adults. Education and health outcomes are tightly intertwined, with success in school and the number of years of schooling impacting health throughout one's life. These links between health and other factors have expanded our understanding of how investments in health, education and family well-being are intertwined. Wise investments in children and families can lead to better health, future savings, and increased productivity.

Tackling the next generation of child health and safety challenges will require both a continued commitment to investing in safe, stable families and communities, as well as new strategies to address emerging threats to children's health and well-being. There's reason to be encouraged; North Carolina has a history of making investments to improve the health and well-being of children. Today we have a strong body of evidence on the types of programs and policies that are effective, which can be used to inform decision making. As decision-makers evaluate policies and practices to improve child health and well-being, the North Carolina Child Health Report Card will remain a resource to help inform key policy debates.

Data Sources 2014 Child Health Report Card

Access to Care and Preventive Health

Uninsured: U.S. Census Bureau, American Community Survey. Table B27016. Available online at factfinder.census.gov; *Public Health Insurance:* Division of Medical Assistance, North Carolina Department of Health and Human Services. Special data request in August 2014; *Medicaid-Enrolled Preventive Care:* Division of Medical Assistance, North Carolina Department of Health and Human Services. Special data request in November 2014; *School Nurse Ratio:* Women's and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services. Annual School Health Services Reports. Available online at http://www.ncdhhs.gov/dph/wch/stats/. *Breastfeeding:* Centers for Disease Control and Prevention. Breastfeeding Practices—Results from the National Immunization Survey. Available online at: http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm; *Immunization Rates for 2-year-olds:* Centers for Disease Control and Prevention, National Immunization Survey. Available online at http://www.cdc.gov/vaccines/stats-surv/imz-coverage. htm#nis; *Immunization Rates at School Entry:* Special data request to the Women and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services, October 2014. *Asthma Diagnosed:* State Center for Health Statistics, North Carolina Department of Health and Human Services, Special data request August 2014; *Asthma Hospitalizations:* State Center for Health Statistics, North Carolina Department of Health and Human Services. County Health Data Book. Available online at: http://www.schs.state.nc.us/SCHS/about/chal.html; *Untreated Tooth Decay and Sealants:* Special data request to the Oral Health Section, Division of Public Health, North Carolina Department of Health and Human Services. October 2014. *Medicaid-Enrolled Children Receiving Dental Services:* Division of Medical Assistance, North Carolina Department of Health and Human Services. Special data request in August 2014.

Health Risk Behaviors

Graduation Rate: North Carolina Department of Public Instruction. State Four-Year Cohort Graduation Rate. Available online at http://www.ncpublicschools.org/graduate/statistics/; *Poverty:* U.S. Census Bureau, American Fact Finder. Table CP02. Available online at www.americanfactfinder.census.gov; *Teen Pregnancy:* State Center for Health Statistics, North Carolina Department of Health and Human Services. North Carolina Reported Pregnancies. Available online at http://www. schs.state.nc.us/SCHS/data/vitalstats.cfm; *Weight and Physical Activity:* State Center for Health Statistics, North Carolina Department of Health and Human Services. Child Health Assessment and Monitoring Program. Special data request in November 2014; *Tobacco Use:* Tobacco Prevention Branch, Division of Public Health, North Carolina Department of Health and Human Services. North Carolina Youth Tobacco Survey. Available online at http://www.tobaccopreventionandcontrol.ncdhhs.gov/data/index.htm; *Mental Health, Alcohol and Substance Abuse:* North Carolina Department of Public Instruction. Youth Risk Behavior Survey, North Carolina High School Survey detailed tables. Available online at http://www.nchealthyschools.org/data/yrbs/.

Death and Injury

Birth Outcomes and Maternal Risk Factors: State Center for Health Statistics, North Carolina Department of Health and Human Services. Table 1 and 10. Available online at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm; *Child Fatality and Deaths Due to Injury:* State Center for Health Statistics, North Carolina Department of Health and Human Services. Available online at: http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm; *Poisoning ages 10-17*: North Carolina Department of Health and Human Services. NC DETECT. Special data request in August 2014; *Child Abuse and Neglect and Recurrence of Maltreatment:* Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2014). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina. Special data request in August 2014. Data available online from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL:http://ssw.unc.edu/cw; *Firearm Deaths and Child Abuse and Neglect Homicides:* North Carolina Child Fatality Prevention Team, Office of the Chief Medical Examiner, North Carolina Department of Health and Human Services. Special data request in August 2014. Please note the analysis, conclusions, opinions and statements expressed within this report are not necessarily those of the CFPT or OCME.

Data Notes 2014 Child Health Report Card

1. Immunization is measured for children 19-35 months of age using the 4:3:1:3:3:1 measure. 4:3:1 plus full series Haemophilus influenzae type b (Hib-FS) vaccine, ≥3 doses of hepatitis B (HepB) vaccine, and ≥1 dose of varicella (Var) vaccine.
2. Screen time includes TV, videos, or DVDs OR playing video games, computer games or using the Internet.
3. Overweight is defined as a body mass index equal to or greater than the 85th percentile using federal guidelines; obese is defined as a body mass index equal to or greater than the 95th percentile.
4. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes or little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snus.
5. Findings represent exclusive counts of reports investigated in a state fiscal year. The number substantiated includes those substantiated of abuse, neglect, or abuse and neglect.

\+ Data for indicators followed by a + sign are fiscal or school year data ending in the year given. For example, immunization rates at school entry labeled 2010 are for the 2009-2010 school year.

* Data years are not comparable over time.

Grades and Trends

Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient indicators of health and safety. Grades are a subjective measure of how well children in North Carolina are faring in a particular area, and are not meant to judge the performance of the state agency or agencies providing the data or the service. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Data trends are described as "Better," "Worse," or "No Change." Indicators with trends described as "Better" or "Worse" experienced a change of more than 5% during the period. A percentage change of 5% or less is described as "No Change." Percent change and trends have not been given for population count data involving small numbers of cases. Due to data limitations, only the indicators for alcohol and drug use have been tested for statistical significance. Grades and trends are based on North Carolina's performance year-to-year and what level of child health and safety North Carolina should aspire to, regardless of how we compare nationally.

Laila A. Bell from NC Child and Berkeley Yorkery and Adam Zolotor, MD from the North Carolina Institute of Medicine led the development of this publication, with valuable input from colleagues, child health experts, and many staff members of the North Carolina Department of Health and Human Services.

This project was supported by the Annie E. Casey Foundation's KIDS COUNT project, and Blue Cross and Blue Shield of North Carolina Foundation. NC Child and the North Carolina Institute of Medicine thank them for their support but acknowledge that the findings and conclusions do not necessarily reflect the opinions of financial supporters.

NC Child
3109 Poplarwood Court, Suite 300
Raleigh, NC 27604
PHONE 919.834.6623
FAX 919.829.7299
WEBSITE www.ncchild.org

North Carolina Institute of Medicine
630 Davis Drive, Suite 100
Morrisville, NC 27560
PHONE 919.401.6599
FAX 919.401.6899
WEBSITE www.nciom.org

Issue Brief

NCIOM Task Force on Essentials for Childhood:

Safe, Stable, and Nurturing Relationships and Environments to Prevent Child Maltreatment

March 2015

North Carolina's future growth and prosperity depends on our ability to foster the health and well-being of our children. Child maltreatment is a significant public health problem that negatively impacts North Carolina's future. Child maltreatment impacts health across an individual's lifespan and is associated with a broad range of problems including substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, suicide, diabetes, heart disease, sexually transmitted diseases, smoking, and obesity.[1]

In North Carolina, during 2013-2014, over 128,000 children were referred to local department of social services agencies for suspected abuse or neglect. Of these, over 36,000 children were recommended to receive additional services.[2] In 2012, 28 children in North Carolina died as a result of abuse or neglect by a parent or caregiver.[3] Significant adversity during childhood, such as child maltreatment, can cause toxic stress which can disrupt a child's brain development and other organ and metabolic systems. In the absence of protective factors, such as nurturing relationships with caregivers, these disruptions produce changes in the body and brain that can lead to difficulty learning and lifelong impairments in both physical and mental health. Additionally, child maltreatment has a significant financial impact on our medical and social services systems, with annual nationwide costs of child maltreatment estimated at approximately $80 billion, and $200,000 in total lifetime costs per victim.[4]

Child maltreatment is a problem that can be prevented if communities take steps to promote positive development of children and families and prevent family violence. Research has shown that safe, stable, nurturing relationships and environments are fundamental to healthy child development, and that they reduce the occurrence of child maltreatment and can help protect children against the negative effects of child maltreatment and other adversity.[5] To address the problem of child maltreatment, the Centers for Disease Control and Prevention (CDC) developed the Essentials for Childhood Framework, through which communities committed to preventing child maltreatment can help children thrive and develop safe, stable, and nurturing relationships and environments. The framework's foundation is that young children grow and develop through experiences and relationships with parents and other caregivers, and when children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment.[5]

In 2013, North Carolina was one of five states to receive funding to implement the Essentials for Childhood Framework. As part of this work, the North Carolina Institute of Medicine (NCIOM), in collaboration with the North Carolina Department of Health and Human Services (DHHS) Division of Public Health (DPH), convened a statewide Task Force on Essentials for Childhood. The Task Force on Essentials for Childhood was tasked with studying and developing a collaborative, evidence-based, systems-oriented, public health-grounded strategic plan to reduce child maltreatment and secure family well-being in North Carolina. Using the CDC's Essentials for Childhood Framework, the Task Force developed a collective, evidence-based state plan for reducing child maltreatment and securing child and family well-being for our state. Additionally, the Task Force examined progress on recommendations issued by the 2005 NCIOM Task Force on Child Abuse Prevention,[6] and prioritized the services, programs, and policies needed to build on this progress.

The Task Force on Essentials for Childhood was chaired by Kenneth A. Dodge, PhD, founding director of the Duke Center for Child and Family Policy, and Katherine V. Pope, vice chair and program and policy committee co-chair of the Board of Directors for PCANC. The Task Force was comprised of 48 members, including representatives from DHHS, the Department of Public Safety's Juvenile Justice section, the North Carolina General Assembly, health care providers, community-based service organizations, universities, and youth and parent organizations. The Task Force met 10 times between January and December 2014.

The CDC's Essentials for Childhood lays out four goals that communities should strive to meet in order to promote safe, stable, nurturing relationships and environments between children and their caregivers. The Task Force on Essentials for Childhood used these goals as the organizing structure of their work and this report:

Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment

Goal 2: Use data to inform actions

Goal 3: Create the context for healthy children and families through norms change and programs

Goal 4: Create the context for healthy children and families through policies

The Task Force reviewed each of the steps within the four goals and made recommendations to support the implementation of each step. Taken together, the recommendations of the Task Force, if implemented, will ensure North Carolina has a comprehensive, coordinated system to support child and family well-being.

GOAL 1: Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment

The Task Force on Essentials for Childhood envisions a statewide, collective effort for supporting North Carolina's children and families. This effort should build upon the success and promise of the many people currently working to ensure that North Carolina's children and families are healthy and productive. Current efforts to increase awareness and understanding of children's development provide the building blocks for expanded focus around the effects of trauma and adverse childhood experiences. Additionally, there is a need for coordinated leadership at the state level to build support for investing in North Carolina's children and families and to identify appropriate policy solutions.

Recommendation 3.1: Establish Coordinated State Leadership Efforts to Address Essentials for Childhood Through a Collective Impact Framework (PRIORITY RECOMMENDATION) The North Carolina Department of Health and Human Services Division of Public Health (DPH), and Prevent Child Abuse North Carolina should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.

Recommendation 3.2: Support the Establishment and Continuation of Trauma-Informed Practices and Communities (PRIORITY RECOMMENDATION) The Leadership Action Team should establish a working group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers.

GOAL 2: Use Data to Inform Actions

Data plays a critical role in achieving the goals of the Task Force on Essentials for Childhood both by raising awareness of child maltreatment and for measuring progress--or lack thereof--towards providing safe, stable, and nurturing relationships and environments for children and ensuring economic opportunity and security for North Carolina's families. Traditionally child maltreatment has been measured solely by data collected by Child Protective Services. Taking a public health approach to child maltreatment prevention requires a much broader view of child maltreatment. To get to this broader frame, data beyond the traditional measures of child maltreatment are needed. In order to better assess the well-being of children and families, more data is needed on their social-emotional, behavioral, and mental health, as well as on the community and societal contexts in which families live. Analyzing data from multiple sources will provide a clearer picture of child well-being and the systems that serve children, families, our communities, and our state.

Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration The Leadership Action Team should establish a child data working group tasked with reviewing existing child data systems, exploring options for integrating existing data systems, monitoring child maltreatment surveillance system efforts currently being piloted, and identifying critical data that is not currently collected. Additionally, the child data working group should identify indicators to be included in the Leadership Action Team's annual Essentials for Childhood report.

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment
The North Carolina Department of Public Instruction,

Department of Health and Human Services, North Carolina Pediatric Society, North Carolina Academy of Child Psychiatrists, North Carolina Academy of Family Physicians, and additional partners should develop an online data system for the Kindergarten Health Assessment that could be shared between health providers and schools and integrated into the Child Profile generated by the Kindergarten Entry Assessment. As part of this effort, the Kindergarten Health Assessment should be expanded to include prompts for addressing specific concerns, including developmental and behavioral concerns and health-related concerns.

GOAL 3: Create the Context for Healthy Children and Families through Norms Change and Programs

To provide support for families and children and prevent child maltreatment, the Task Force on Essentials for Childhood supports the promotion of the collective belief that we all share responsibility for children's well-being. Individual members of a community have a role in developing neighborhoods, activities, and programs where people gather, interact, and get to know each other. Relationships formed through neighborhood associations, faith communities, and other community organizations can link families and provide support. Communities can promote positive norms around early childhood development, family support, and effective parenting behavior. As part of this work, communities and policymakers can support the implementation of evidence-based programs that have been tested and proven effective and focus on effective parenting and behavior management skills for parents and caregivers.

Recommendation 5.1: Promote Positive Community Norms Around Child Development and Parenting (PRIORITY RECOMMENDATION) The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the First 2,000 Days campaign.

Recommendation 5.2: Foster Community Support for Healthy Children and Families The North Carolina Department of Health and Human Services, Department of Public Instruction, Prevent Child Abuse North Carolina, and North Carolina Partnership for Children should work towards incorporating the Strengthening Families Framework in state and local child maltreatment prevention efforts.

Recommendation 5.3: Support Implementation of Evidence-Based Programs to Prevent Child Maltreatment and Promote Safe, Stable, and Nurturing Relationships and Environments (PRIORITY RECOMMENDATION) The Leadership Action Team should convene a state Essentials for Childhood Evidence-Based Programs working group to coordinate and align infrastructure across evidence-based programs serving children and develop sustainable funding strategies.

Recommendation 5.4: Assess Potential Funding Strategies to Ensure Adequate Investment in Evidence-Based Programs to Prevent Child Maltreatment The Leadership Action Team should study existing alternative funding strategies for evidence-based program investment, examining the experience of South Carolina and other states.

Recommendation 5.5: Explore Incentivizing Outcomes Resulting from Evidence-Based Treatment Programs (PRIORITY RECOMMENDATION) The North Carolina Division of Medical Assistance, in collaboration with Community Care of North Carolina, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Division of Public Health should identify opportunities to incentivize payment for outcomes resulting from evidence-based treatment programs, especially as quality of care is incentivized under reform of Medicaid in North Carolina.

Recommendation 5.6: Increase Funding for Evidence-Based and Evidence-Informed Programs Implemented by the Smart Start Network (PRIORITY RECOMMENDATION) The North Carolina General Assembly should increase appropriations by 5% per year to the Smart Start network targeted to support the implementation of evidence-based programs.

GOAL 4: Create the Context for Healthy Children and Families through Policies

Public policies have strong influences on our communities and environment. National, state, and local policies create the context in which children and families function. As part of their work, the Task Force examined state and agency-level policies and how they may influence and promote safe, stable, and nurturing relationships and environments for North Carolina's children. The Task Force identified several areas in which policy approaches can enhance child development and educational success; reduce risk factors for child maltreatment and adverse childhood experiences; and improve families' economic security and job opportunities.

Recommendation 6.1: Ensure that Child Care Centers Provide a High Quality, Nurturing Environment (PRIORITY RECOMMENDATION) The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high quality child care programs based on updated evidence and best practices. DCDEE, in partnership with others should continue work to grow

a high quality and well-trained early care and education work force. The North Carolina General Assembly should enhance child care subsidies by ensuring a larger portion of eligible families receive subsidy payments.

Recommendation 6.2: Enhance Care and Reimbursement Standards to Promote Children and Families' Mental Health (PRIORITY RECOMMENDATION) Community Care of North Carolina, and others, should establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Division of Medical Assistance, and others should support current work to increase integrated behavioral health care under Medicaid reform.

Recommendation 6.3: Ensure Economic Security for Children and Families (PRIORITY RECOMMENDATION) The North Carolina General Assembly should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates.

Recommendation 6.4: Enhance Career Training and Education Opportunities to Promote Economic Security for Families The North Carolina Community College System and other education partners should provide additional support for workforce development and skill building programs that increase families' economic security and students' preparation for the workforce.

References

1. Public Health Leadership Initiative. Centers for Disease Control and Prevention website. http://www.cdc.gov/violenceprevention/pdf/public_health_leadership_initiative-a.pdf. Accessed December 10, 2014.
2. Duncan DF, Kum HC, Flair KA, et al. Management assistance for child welfare, work first, and food and nutrition services in North Carolina (v3.1). University of North Carolina at Chapel Hill Jordan Institute for Families website. http://ssw.unc.edu/ma/. Published July 28, 2009. Accessed July 22, 2014.
3. Prevent Child Abuse North Carolina. Statistics. Prevent Child Abuse North Carolina website. http://www.preventchildabusenc.org/?fuseaction=cms.page&id=1051. Accessed January 14, 2014.
4. Child abuse and neglect cost the United States $124 billion [press release]. Atlanta, GA: Centers for Disease Control and Prevention; February 2, 2012. http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html. Accessed July 25, 2014.
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. *Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships and Environments.* Atlanta, GA: Centers for Disease Control and Prevention; 2013.
6. North Carolina Institute of Medicine Task Force on Child Abuse Prevention. *New Directions for North Carolina: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention.* Update 2008. Morrisville, NC: North Carolina Institute of Medicine; 2008. http://www.nciom.org/wp-content/uploads/NCIOM/projects/childabuse/chapters/2008update.pdf. Accessed July 22, 2014.

Acknowledgements: The work of the Task Force would not have been possible without the hard work of the dedicated people who volunteered their time to serve on the Task Force and Steering Committee and the invaluable feedback and input of the rural community members who participated in meetings across the state.

Task Force members: Task Force Membership: Kenneth A. Dodge, PhD (co-chair); Katherine V. Pope (co-chair); Senator Tamara Barringer; Molly Berkoff, MD, MPH; Vickie Bradley, RN; Richard F. Brooks, DDS; Senator Angela R. Bryant, JD; Lillian Bryant; Brandy Bynum; Elaine Cabinum-Foeller, MD, FAAP; Kevin Cain; Walt Caison; Lenora R. Campbell, DSN, RN; Anna Carter; Carol Cobb, MSW, LCSW; Patricia Colon, MSA; Wanda P. Dawson, EdD; Alan J. Dellapenna, Jr.; Marian Earls, MD, FAAP; Cindy Ehlers, MS, LPC, CBIS; John Ellis, PhD; Alicia Exum; Elizabeth Hundley Finley; Representative Rick Glazier; Catharine Goldsmith, MSW (FL-LCSW); Catherine Guerrero; Dana Hagele, MD, MPH; Robby Hall; Representative D. Craig Horn; Monika Johnson Hostler; Christi Hurt, MPA; Kevin Kelley, MSW; Rob Kindsvatter; Paul Lanier, MSW, PhD; William Lassiter; Bud Lavery, MSW; Rhett N. Mabry; Viviana Martinez-Bianchi, MD, FAAFP; Karen McCleod; Marcella Middleton; Robert A. Murphy, PhD; Susan Perry-Manning; Deborah L. Radisch, MD, MPH; Lucy Roberts; Veronica Ross; Kevin Ryan, MD, MPH; Steve Shore, MSW; William Stewart, MD; Donna White; Buck Wilson

Task Force Steering Committee: Michelle Hughes, MA, MSW; Catherine Joyner, MSW; Angelica Oberleithner; Kristin O'Connor, EdM; Phillip H. Redmond, Jr.; Sarah Vidrine

A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, http://www.nciom.org.
North Carolina Institute of Medicine. In partnership with the Division of Public Health within the North Carolina Department of Health and Human Services
Funded by the Centers for Disease Control and Prevention

A

THE COUNTRY STORE MARKET

EVERY SATURDAY

pril 25th - September 26th

4:00 p.m. to 7:00 p.m.

Semora Storage Company

F 4807 Hwy. 57 N, Semora

or more information, visit us online:

www.facebook.com/LocalFoodInCaswell